
From: Kathleen Keehn
Sent: 2/17/2022 4:08:45 PM
To: DOH WSBOH
Cc:
Subject: Stop the "vaccine" and mask mandates!

External Email

This is so wrong! Forcing children to wear masks is terrible for them psychologically and for their physical health. You claim it's for their protection but we know this is a lie. Your pushing "vaccines" which are proven to permanently damage their immune systems, cause heart problems, strokes and infertility is evil. We have begun Nuremberg II trials and WILL hold you accountable if you don't cease and desist this torture and killing of children immediately!

Kathleen Keehn

From: john sturtz
Sent: 2/24/2022 6:28:34 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: Testify Online Survey
Sent: 2/15/2022 11:17:53 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:

No mask mandate and no covid vaccine mandate

3.

Your Name:

Rachel McGowan

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

219 19th Street

7.

Email:

rachelmcgowan84@gmail.com

8.

Phone Number (Include Area Code):

4255831229

9.

Do you have any special expertise relevant to this topic?

1. Yes

As a parent this has caused alot of mental health issues for all my children. They are anxious, depressed and have chronic headaches from wearing masks for hours during school. My 4 children will not be forced to get any vaccine in order to get an education. We will unenroll them and home school if you choose to mandate a vaccine that does not work. Stop the tyranny and bring back common sense. A 80k packed stadium for the super bowl was not wearing masks but children still have to. Everyone who has had the vaccine now has gotten covid at least once. This is madness. Do your job and stop bending the knee to politicians that don't care about childrens well being.

10.

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

1. Yes

Please do not require the covid vaccine that does not work or have any long term studies in order to attend schools in wa state. Parents will not stand for this and you will see thousands of kids unenroll.

11.

Are you Pro or Con on the proposal?

1. Pro

Please remove mask mandates for all children in WA schools and do not require the covid vaccine mandate in order to get an education. Its astounding we are even still here two years later.

From: Maggie Rody
Sent: 2/22/2022 6:38:55 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

https://www.thedesertreview.com/opinion/columnists/gates-fauci-and-daszak-charged-with-genocide-in-court-filing/article_76c6081c-61b8-11ec-ae59-7718e6d063ed.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thedesertreview.com%2Fopinion/columnists/gates-fauci-and-daszak-charged-with-genocide-in-court-filing%2Farticle_76c6081c-61b8-11ec-ae59-7718e6d063ed.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C62cafed0a14848fa2fbe08d9f6756b7b>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thedesertreview.com%2Fopinion/columnists/gates-fauci-and-daszak-charged-with-genocide-in-court-filing%2Farticle_76c6081c-61b8-11ec-ae59-7718e6d063ed.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C62cafed0a14848fa2fbe08d9f6756b7b>

Gates, Fauci, and Daszak charged with Genocide in Court Filing | Columnists | [thedesertreview.com](https://www.thedesertreview.com)
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thedesertreview.com%2Fopinion/columnists/gates-fauci-and-daszak-charged-with-genocide-in-court-filing%2Farticle_76c6081c-61b8-11ec-ae59-7718e6d063ed.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C62cafed0a14848fa2fbe08d9f6756b7b>

In a stunning 46-page legal filing to the International Criminal Court on December 6, an intrepid attorney and seven applicants accused Anthony Fauci, Peter Daszak, Melinda Gates, William Gates III, and twelve others of numerous violations of the Nuremberg Code.

www.thedesertreview.com

PLEASE READ AND SEE WHY IT IS SO UPSETTING THAT YOU FOLKS ARE PROCEEDING WITH THIS DEBAUCLE!!! DO YOU NOT UNDERSTAND THAT IT IS NO CONSPIRACY THEORY TO BELIEVE THAT WE DON'T HAVE A PANDEMIC AND THAT THE SHOTS ARE HARMING SO MANY PEOPLE AND THE MASK MANDATES HAVE CAUSED SO MUCH DAMAGE AND ILL HEALTH?? THE PHARMACEUTICAL COMPANIES ARE GOING TO BE HELD LIABLE FOR THE NEEDLESS DEATHS AROUND THE WORLD. PLEASE, PLEASE DO NOT RECOMMEND TO THE BOH THAT CHILDREN BE REQUIRED TO GET THE SHOTS IN ORDER TO GO TO SCHOOL.

Maggie Rody

From: Hoff, Christy Curwick (DOH)
Sent: 2/17/2022 6:52:01 AM
To: DOH WSBOH
Cc:
Subject: FW: February 17.2022

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:35 PM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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%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 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://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%7C1410e63aab134bb1f11d08d9f2250caa%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%2Falethonews.com%2F2021%2F11%2F05%2F6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1410e63aab134bb1f11d08d9f2250caa%7C11>

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%7C1410e63aab134bb1f11d08d9f2250caa%7C11c>

<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%7C1410e63aab134bb1f11d08d9f2250caa%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1410e63aab134bb1f11d08d9f2250caa%2F)

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: KEITH ANGIER
Sent: 2/16/2022 4:46:18 PM
To: DOH WSBOH
Cc:
Subject: No on Covid Shots for School

External Email

Please vote no on this proposal to require COVID vaccinations to attend school.

Joan K. Angier

From: Adriana Orndorf
Sent: 2/23/2022 9:06:35 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Austin McMullen
Sent: 2/17/2022 1:22:46 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: Davis, Michelle (SBOH)
Sent: 2/16/2022 4:15:11 PM
To: DOH WSBOH
Cc:
Subject: FW: State Mandates

The Board inbox was incorrect in the original email.

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: Megan Larsen <mlarsen2@gmail.com>
Sent: Wednesday, February 16, 2022 4:02 PM
To: 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: State Mandates

External Email

To whom it may concern,

I am writing this as a very concerned parent of three school aged children here in Washington State. I am very confused why there has been no movement or communication on why state mask and vaccine mandates have not been addressed and stopped. Almost every other state in our country has proven that they are listening to the parents and making it so masks are not required. There is STILL no scientific evidence or data that shows masks are helpful to prevent the spread of COVID between kids in classrooms. There is however a lot o evidence on why these masks are causing harm to our children. I am waiting for this Advisory Committee to give us such information. IT IS time to let us parents decide what is best for our children. You don't know my kids and you DO NOT get to decide what's best for them. I urge you to drop this insane mask mandate for our children, and urge you to drop this insane movement to mandate the vaccine for our children. Please hear our voices and be true leaders!

Megan Larsen
Concerned Parent

From: Robert Holte
Sent: 2/21/2022 10:38:55 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: Lori Tyrrell
Sent: 2/16/2022 5:31:36 PM
To: DOH WSBOH
Cc:
Subject: Requiring The COVID-19 vaccination for children

External Email

This vaccine is not fully tested and should not be required for children. It is more risky than getting the actual Covid -19 virus.

It is documented that children, especially boys getting myocarditis from getting the shot.

The shot can cause permanent damage to the nervous system, the heart, reproductive and their immune systems. We don't want to do that to the upcoming generation! Don't take that risk with our children!

Lori

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] because 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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150815>

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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>

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.

For the reasons above, I believe that not one of the covid-19 vaccines meet criteria #1.

Sincerely,

Deanna Leslie
Concerned Washington State Resident

From: Brenda Oster
Sent: 2/18/2022 10:35:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To the BOH :

The Covid vaccines are not safe . Their effects on children have not been adequately studied .

And what's more the current so -called vaccines are not effective against the omicron variant.

If vaccines are required for school kids how can you predict that whatever vaccines are available at the time that they are rolled out to school children will be effective against whatever the current and predominant "variant d'jour" happens to be at that time ?

Children typically have very mild symptoms when they contract this virus. And The potential health risks outweigh the benefit of these so-called vaccines.

Even now teens and young adults are experiencing heart problems as a result of these so-called vaccines !

And The risk for antibody dependent enhancement Or pathogenic priming is also a serious potential consequence of the so- called vaccines especially with repeated boosters.

Please do not force these experimental so-called Vaccines on our children.

Our kids will be dis-enrolled from school if you do. And many of us are almost to that point now anyway .

Brenda Oster , RN

Sent from my iPhone

From: Tracy Hanning
Sent: 2/24/2022 2:09:29 PM
To: DOH WSBOH
Cc:
Subject: TODAYS MEETING

External Email

I am trying to figure out how the BOH and TAG teams can vote on a so called vaccine to be put on the schedule to attend school.

This is discrimination and segregation once again~

You should not be choosing something that is not approved and you have no idea the outcome of these drugs.

Who is going to be held accountable for this?

I have asked prior but of course I did not get an answer. I would like copys of your bonds,

Those of you are that are trying to pass this please distribute all the data on these so called

Vaccines, ALL OF THE PAPER WORK AND PEER REVIEWS to substantiate your rulings.

Because that is all this is~

SO what happens when a child dies of this experiment? Are you all held accountable for this?

A concerned parent~

From: karifields@comcast.net
Sent: 2/22/2022 1:09:54 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate for Children

External Email

Washington State Board of Health

I strongly oppose the inclusion of COVID-19 injection as part of the school immunization requirements using WAC 246-105.

We should not even consider such knowing that children are at a very low risk from COVID-19 and in fact suffer greater risk from the COVID-19 vaccines. The technology has not gone through the vigorous testing requirements necessary for full FDA approval; essentially we would be using our children as experiments.

Again, I strongly oppose the inclusion of COVID-19 injection as part of the school immunization requirements using WAC 246-105

Sincerely,

Kareena Fields

Vancouver WA 98685

From: Kathy Sutton
Sent: 2/19/2022 9:20:41 AM
To: DOH WSBOH
Cc:
Subject: Proposal to amend WAC 246-105 re COVID Vaccine and Schools

External Email

Dear Sir/Madam:

I am writing to oppose the implementation of the COVID vaccine as a required immunization for children before they may attend school. This vaccine has emergency use authorization only, and has not completed all of its trial phases, some extending well into 2023 and beyond. As you know this drug is not fully tested, it is experimental at best, the full extent of the risks will not be available for many years. At this point anyone, including children, who takes the shot is participating in a massive experiment. It is unethical to force it on children, especially given that the benefit (if any) would not outweigh the risk. This vaccine has been documented to have the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children, not to mention the documented cases of myocarditis. These vaccines are not providing immunity, and are not stopping transmissions. To Mandate this vaccine, especially to children, is wrong. Needless to say, I am very opposed to this amendment.

Kathy Sutton

Sedro Woolley, WA 98284

From: Cindy Clapper
Sent: 2/16/2022 9:09:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please all of you vote No ...DO NOT add this experimental vaccine to school vaccine list. This is NOT right...please pay attention to the lady by Childrens that died from the shot...the 3 people that I know that have died from this shot... do not mandate it for children.

Sent from my iPhone

From: Janice Doll
Sent: 2/21/2022 5:41:29 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

"

Janice

From: Rexanne Graham
Sent: 2/16/2022 5:03:51 PM
To: DOH WSBOH
Cc:
Subject: PLEASE DO NOT REQUIRE COVID VACCINES FOR SCHOOL ADMISSION

External Email

Respectfully, we do not know enough about the long term affects of the COVID vaccines. There are some really scary studies coming out now regarding the risk for myocarditis in young boys. PLEASE do not make COVID vaccines a part of the required for school enrollment list.

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Rexanne Graham cell: 253-222-6014

From: CJ Embacher
Sent: 2/16/2022 9:54:06 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements for school children

External Email

I would like to voice my opposition to making this requirement. Decisions like this should be made by parents along with their child's pediatrician. You do not know anything about these children's medical condition. Their pediatrician does know about these children. I would not let you make any medical decisions for either, just me and my physician.

Camellia Embacher
425-512-2314

6531 Jensen Rd
Stanwood, WA 98292

Sent from my iPhone

From: Hoff, Christy Curwick (DOH)
Sent: 2/27/2022 8:11:13 AM
To: DOH WSBOH
Cc:
Subject: FW: Re:

From: Me Zee <mzee636@gmail.com>
Sent: Thursday, February 24, 2022 10:22 PM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Re:

External Email

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

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: VALERIE VAVRIK
Sent: 2/17/2022 12:21:16 PM
To: DOH WSBOH
Cc:
Subject: URGENT: Please answer these questions and address this after lunch

External Email

To the Washington State Board of Health Technical Advisory Group
Re: What vaccines children in Washington state will be required to have for daycare and school entry

I have been intently watching your meeting all morning and have burning questions about two issues.

Are you aware that Pfizer eliminated study subjects in their trial after the first shot if the subject experienced severe adverse reactions? One example is Maddie de Garay (12 years old when enrolled in Pfizer's trial). Maddie was severely injured by the first shot and is now paralyzed, yet her information is not even included in the clinical trial data. Why is this? How can you present information that does not include all of the trial participants and is commonly known to be flawed?

Also, why are you only presenting relative risk reduction information about the vaccines but not the absolute risk reduction information. This drastically skews the vaccine's effectiveness perception (which is less than 1% when you go by absolute risk reduction which is more statistically accurate).

Please address these two issues after your lunch break. Thank you.

From: Joe Williams
Sent: 2/24/2022 11:48:23 AM
To: DOH WSBOH
Cc:
Subject: Vaccines Should NOT be Mandated For KIDS!!!!

External Email

Vaccines should not be mandated for our children. It's common sense that children are effected little to none by the virus. The mass majority of pierce county is against mandating our children to be vaccinated, this shouldn't even be up for debate. The school board works for us parents, not the other way around. If this mandate goes through, us parents will be burdened to take our children out of public school and do home schooling. This is an unjust and corrupt burden to put on the citizens of pierce county.

Joseph Williams

From: Testify Online Survey
Sent: 2/18/2022 9:27:28 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 vaccine requirements k-12

3.

Your Name:

Ashley Vowels

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2182 highway 7 Oroville wa 98844

7.

Email:

ashleycorbin84@yahoo.com

8.

Phone Number (Include Area Code):

5094206838

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have personally watched how people are affected in the hospital. It does not stop transmission, and does not keep people out of the hospital, but I have seen people come in with adverse reactions.

10.

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

1. Yes

Covid 19 vaccine requirer for k-12

11.

Are you Pro or Con on the proposal?

2. Con

It's should remain at the discretion of the parents. There is no long term information on this emergency use medicine. We the People want to keep our body atonomy for our children and for our selves. There will be a mass exit from the schools if this is pushed through without public consent.

From: Charlie Houmes
Sent: 2/20/2022 7:07:50 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

Please read the International Alliance of Physicians and Medical Scientists
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>>
declaration of which 17,000 physicians worldwide have concluded CHILDREN SHOULD NOT RECEIVE THE VACCINE.

The vaccine and the booster were for the original Covid-19 virus which is long-extinct worldwide; the current vaccine and the booster have NO EFFECT on Omicron.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Signed a concerned parent and grandparent.
Clarice Houmes
Fox Island, WA
360-616-1235

From: Barbee Andrew
Sent: 2/17/2022 9:00:01 AM
To: DOH WSBOH
Cc:
Subject: OPPOSE Requiring Covid 19 Vaccines in Schools



attachments\DC621CE8993C489C_image001.jpg

External Email

OPPOSE Requiring Covid 19 Vaccines in Schools: Compare the benefit of giving kids the vaccine vs the possibility of them getting Covid, let alone dying of it. The possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids, but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, the CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you, but smart people like you and I that are not just blindly following a money/power motivated push, and want to know, can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7C588fd3be1b8f4c0b19e508d9f236e6a2%7C11>>

Barbee Andrew

Emmanuel Baptist Church

Receptionist/Secretary

360-424-1173

barbee@ebcmv.org

From: Kathryn Marshall
Sent: 2/25/2022 3:43:25 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: Robert Roettger
Sent: 2/24/2022 4:30:56 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Survey Summary Cheney Public Schools

External Email

Members of the Washington State Board of Health,

An anonymous survey was sent to all Cheney Public Schools households via email, or through the United States Postal Service if an email address was unavailable. The survey opened on February 8 and closed on February 14. Responses were received from 40% of the district's 3,235 families. The survey asked families to use the response options listed below to answer the following question for their children in the age groups of 5-11 and 12 and older:

If the State of Washington requires children to receive a COVID vaccination in order to attend school, would you vaccinate your children?

- * I would vaccinate my children in accordance with any state requirements.
- * If an exemption is made available by the State of Washington, I would seek to exempt my children from a vaccine requirement.
- * I would not vaccinate my children and would seek other educational options if a vaccine is required by the State.
- * I am unsure or undecided at this time about vaccinating my children.
- * An "Other" category was also provided, and answers from that category were read and incorporated into the other four response options.

The following is a summary of the ways in which the families who took the survey responded:

Students Represented

Would Vaccinate

Would Seek Exemption

Would Not Vaccinate

Undecided

Ages 5-11

1,316

30%

(395)

15%

(197)

47%

(619)

8%

(105)

Ages 12 and Older

987

38%

(375)

12%

(119)

45%

(444)

5%

(49)

If you have questions related to this survey or the results shared, please contact me at 509-559-4502.

Thank you,

Rob Roettger

Superintendent, Cheney Public Schools

From: Elaine Fosness
Sent: 2/25/2022 5:41:26 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: Testify Online Survey
Sent: 2/16/2022 3:39:58 PM
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:

Criteria #1 #2 and #4 adding Covid-19 MRNA gene therapy to childhood and adolescent immunization schedule, is it save and effective and acceptable levels of side effects

3.

Your Name:

Craig Fisher

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

Criteria #1 recommending the vaccine for childhood and adolescent immunization schedule. Criteria #2 is effective as measured by immunogenicity and population-based prevention data in Washington State Criteria #4 is it safe and has an acceptable level of side effects.

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts.

From: Alissa Miller

Sent: 2/15/2022 11:47:56 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: 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

From: Sonja Haddad
Sent: 2/28/2022 5:29:03 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: Leslie Swalley
Sent: 2/25/2022 7:58:52 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: Schreiber, Tracy N (SBOH)
Sent: 2/16/2022 11:14:30 AM
To: DOH WSOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:47 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Schreiber,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Charlene Berg
Sent: 2/17/2022 1:24:40 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: Natalie Oliverio
Sent: 2/20/2022 8:21:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comment: Feb 24th Meeting TAG to consider Covid-19 Child care and school immunization

External Email

I am submitting my public comment for WA State Board of Health --- Feb. 24 TAG Meeting which is that I oppose the inclusion of Covid-19 vaccination in the state's list of required immunizations for child care and school entry.
Please note my public comment in opposition to such requirement and confirm.

Thank you,
Natalie Oliverio

From: Valerie Stewart
Sent: 2/23/2022 10:22:50 AM
To: DOH WSBOH
Cc:
Subject: TAG comment: Please do not mandate shots for all children



attachments\82AEEE1AC8F14716_VStewart TAG comment 22322.pdf

External Email

Dear Technical Advisory Group members,

I am a former teacher and medical research coordinator. I carefully reviewed VRBPAC, ACIP, and BOH meetings related to this subject because it is so important. The decisions and recommendations you make for our children could affect them for the rest of their lives.

Early on, COVID-19 was an awful disease that we knew hardly anything about. Many people died. Fortunately children mostly shed the virus unless they were immunocompromised. Vaccines were developed by countries throughout the world and doctors worked with a combination of off-label drugs to treat this disease. Eventually newer drugs were developed. Why are we not hearing about early treatment options for COVID-19?

From what I can tell, the modeling presented for the youngest population is often based on data for the next category up. There really haven't been sufficient clinical trials and follow-up to conclude that the vaccines are safe and effective for children 5-11 or for 12-18 for that matter since we were in Delta wave for most of the data collection for the latter. Myocarditis is a real concern especially for adolescent boys. Shouldn't you hold off shots for that subgroup until there is more study? What is also alarming is that shots are co-administered with other vaccines on the schedule. So how can one tell whether an adverse reaction is from the COVID-19 shot or a different shot that was given at the same time. Some of the subjects in the trials for 5-11 previously had COVID-19. Wouldn't these be confounding variables?

The jump from 10 micrograms to 30 at age 12 is very concerning. I think there should be other considerations like body mass, tanner scale to determine developmental stage, and so forth. A more graduated increase over the age range would be more prudent.

Pursuant to the CDC, the fatality rate for children is .00003%, barely higher than the flu. Do you know whether comorbidities were present in the 400 COVID deaths reported in the data? The risk versus benefit should be a decision that parents make for their children. There should be no mandate. Children should not be forced to be subjects for this ongoing experiment using an EUA vaccine (8/23/21 FDA approved BLA for Comirnaty not available in the US).

Fast tracking the process for potentially putting COVID-19 vaccine on the vaccination schedule for school age children and younger goes against a basic principle of medicine: DO NO HARM. There is no emergency. Many children already have natural immunity. Adults caring for children and teachers in schools should be vaccinated, not the other way around. Adverse reactions are real. Please look at VAERS and draw your own conclusions with the patterns you see. It's the best we have and it has a long history. V-Safe is a good addition and will reach more people. Who knows what the long term effects of multiple doses of COVID-19 shots will be. Vaccine companies will always be chasing the next variant. Let the immune system do most of the work. Childrens' immune systems are robust. Let's not tamper with it by genetically recoding the cells to produce the spike protein. There's still so much we don't know. Please slow down and press the pause button on this. Thank you all so much for your thoughtful and dedicated work.

Kind regards,

Val Stewart,

Port Townsend WA

--

Valerie Stewart

Certified Sustainable Building Advisor
ACSM Certified Exercise Physiologist
425-420-8816

Dear Technical Advisory Group members,

I am a former teacher and medical research coordinator. I carefully reviewed VRBPAC, ACIP, and BOH meetings related to this subject because it is so important. The decisions and recommendations you make for our children could affect them for the rest of their lives.

Early on, COVID-19 was an awful disease that we knew hardly anything about. Many people died. Fortunately children mostly shed the virus unless they were immunocompromised. Vaccines were developed by countries throughout the world and doctors worked with a combination of off-label drugs to treat this disease. Eventually newer drugs were developed. Why are we not hearing about early treatment options for COVID-19?

From what I can tell, the modeling presented for the youngest population is often based on data for the next category up. There really haven't been sufficient clinical trials and follow-up to conclude that the vaccines are safe and effective for children 5-11 or for 12-18 for that matter since we were in Delta wave for most of the data collection for the latter. Myocarditis is a real concern especially for adolescent boys. Shouldn't you hold off shots for that subgroup until there is more study? What is also alarming is that shots are co-administered with other vaccines on the schedule. So how can one tell whether an adverse reaction is from the COVID-19 shot or a different shot that was given at the same time. Some of the subjects in the trials for 5-11 previously had COVID-19. Wouldn't these be confounding variables?

The jump from 10 micrograms to 30 at age 12 is very concerning. I think there should be other considerations like body mass, tanner scale to determine developmental stage, and so forth. A more graduated increase over the age range would be more prudent.

Pursuant to the CDC, the fatality rate for children is .00003%, barely higher than the flu. Do you know whether comorbidities were present in the 400 COVID deaths reported in the data? The risk versus benefit should be a decision that parents make for their children. There should be no mandate. Children should not be forced to be subjects for this ongoing experiment using an EUA vaccine (8/23/21 FDA approved BLA for Comirnaty not available in the US).

Fast tracking the process for potentially putting COVID-19 vaccine on the vaccination schedule for school age children and younger goes against a basic principle of medicine: DO NO HARM. There is no emergency. Many children already have natural immunity. Adults caring for children and teachers in schools should be vaccinated not the other way around. Adverse reactions are real. Please look at VAERS and draw your own conclusions with the patterns you see. It's the best we have and it has a long history. V-Safe is a good addition and will reach more people. Who knows what the long term effects of multiple doses of COVID-19 shots will be. Vaccine companies will always be chasing the next variant. Let the immune system do most of the work. Childrens' immune systems are robust. Let's not tamper with it by genetically recoding the cells to produce the spike protein. There's still so much we don't know. Please slow down and press the pause button on this. Thank you all so much for your thoughtful and dedicated work.

Kind regards,
Val Stewart, Port Townsend WA

From: Russ hamerly

Sent: 2/27/2022 9:23:41 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), Thai, Nathaniel J (SBOH)

Cc:

Subject: 13 reasons why 5 to 11-year-old Children should not be given the Covid-19 Vaccine

External Email

To: Washington State Board of Health

I understand you are considering mandating Covid vaccines for school children.

Based on data from the UK this is clearly not a good idea. See below for a substantial report organized into 13 reasons showing their experience and why this should not be done and why this vaccine should not be promoted for children.

Please read, understand, and share at your next meeting.

Thanks.

Russ Hamerly
Seattle

13 reasons why 5 to 11-year-old Children should not be given the Covid-19 Vaccine

DECEMBER 23, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%2F13-reasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2172>>

On Tuesday December 22nd the UK Medicine Regulator (MHRA) gave emergency use authorisation

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-new-vaccination-advice-for-children-and-young-people&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2172>>
for the Pfizer / BioNTech Covid-19 injection to be administered to all children between the ages of 5 and 11.

Then within minutes, the Joint Committee on Vaccination and Immunisation (JCVI) advised the UK Government to roll the jab out to all children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-new-vaccination-advice-for-children-and-young-people&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2172>>
deemed to be in a clinical risk group, or who are a household contact of someone who is immunosuppressed.

Professor Wei Shen Lim, Chair of the JCVI said:

"The majority of children aged 5 to 11 are at very low risk of serious illness due to COVID-19. However, some 5 to 11 year olds have underlying health conditions that put them at higher risk, and we advise these children to be vaccinated in the first instance."

With the alleged Omicron variant about to become the dominant strain in the UK it makes very little sense to give the Pfizer injection to children due to the fact that it only targets the S protein of the virus, which is heavily mutated in Omicron.

But that is not the only reason why children as young as 5 should not be given the Covid-19 injection.

For a parent to be competent enough to make the decision to consent to their child having the Pfizer Covid-19 vaccine, they should be made aware of all the facts before they reach their decision. So we've compiled 13 factual reasons why 5 to 11-year-old children should not be given the Covid-19 vaccine...

Reason No. 1

86% of 12-15-year old Children suffered an Adverse Reaction to the Pfizer Covid-19 Vaccine in the Clinical Trial

The information is publicly available and contained within a US Food & Drug Administration (FDA) fact sheet which can be viewed here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>> (see page 25, table 5 on-wards).

That fact sheet contains two tables that detail the alarming rate of side effects and damage experienced by 12 – 15- year-old children who were given at least one dose of the Pfizer mRNA injection.

The tables shows that 1,127 children were given one dose of the mRNA jab, but only 1,097 children received the second dose. This fact in itself raises questions as to why 30 children did not receive a second dose of the Pfizer jab.

Of the 1,127 children who received a first dose of the jab 86% experienced an adverse reaction

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F05%2F86-of-children-suffered-an-adverse-reaction-to-the-pfizer-covid-vaccine-in-clinical-trial%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e>>. Of the 1,097 children who received a second dose of the jab 78.9% experienced an adverse reaction.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/05/image-190.png?resize=600%2C449&ssl=1>>

Reason No. 2

1 in 9 Children suffered a Severe Adverse Reaction leaving them unable to perform daily activities in the Pfizer Clinical Trial

For children 12 to 15 years of age, the Pfizer Covid-19 vaccine clinical trial found the overall incidence of severe adverse events which left them unable to perform daily activities, during the two-month observation period to be 10.7%, or 1 in 9, in the vaccinated group and 1.9% in the unvaccinated group.

Consequently, children who received the vaccine had nearly six times the risk of a severe adverse event occurring in the two-month observation period compared to children who

did not receive the vaccine. In addition, the incidence of Covid-19 in the unvaccinated group was 1.6%, therefore, there were almost seven times more severe adverse events observed in the vaccinated group than there were Covid-19 cases in the unvaccinated group.

This information is all freely available to see in official Food and Drug Administration (FDA) documents

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>

and official Centre for Disease Control (CDC) documents
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Faci>
2021-05-12%2F03-COVID-Wallace-
508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/08/image-124.png?resize=639%2C274&ssl=1>>

Reason No. 3

Just 17 deaths associated with Covid-19 have occurred in Teenagers & Children since March 2020

Official NHS data which can be viewed here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics>
work-areas%2F covid-19-daily-deaths%2F weekly-total-
archive%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2

(see Table 3 – COVID-19 deaths by age group and pre-existing condition of the downloadable excel document) shows that since March 2020 just 17 people under the age of 19 have died with Covid-19 who had no known pre-existing conditions in England's hospitals, up to the 8th December 2021. The data also shows that just 60 people under the age of 19 have died with Covid-19 in the same time frame who did have other serious underlying conditions.

There are approximately 15.6 million people aged 19 and under

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statista.com%2Fstatistics%2F>
population-by-
age%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2

in the United Kingdom which means just 1 in every 260,000 children and teenagers have allegedly died with Covid-19 in 21 months who had other serious pre-existing conditions. Whilst just 1 in every 917,647 children have allegedly died with Covid-19 in 21 months, who had no know pre-existing conditions.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-277.png?resize=639%2C308&ssl=1>>

A scientific study titled 'Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data'

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile>
689684%2Fv1%2F3e4e93fb-4e98-4081-9315-
16143c2bbd2b.pdf%3F%3D1625678600&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94

(which can be found here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile>
689684%2Fv1%2F3e4e93fb-4e98-4081-9315-
16143c2bbd2b.pdf%3F%3D1625678600&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94

), conducted by Clare Smith of NHS England and Improvement and several Universities also concluded that children are at negligible risk of death, hospitalisation, or serious illness due to the alleged Covid-19 virus.

The study collated data from the National Child Mortality Database; a mandatory system that records all deaths in Children under 18 years of age in England. What the researchers found is that just 25 children under the age of 18 died of Covid-19 between March 2020 and February 2021, with 15 of the 25 having a pre-existing life-limiting condition, and 19 of the 25 having a chronic condition.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-64.png?resize=639%2C167&ssl=1>>

The study also found that 16 of the 25 children who sadly died had two or more comorbidities with 8 children suffering pre-existing neurological and respiratory problems, 3 children suffering pre-existing neurological and cardiology problems, and 3 children suffering respiratory and cardiology problems.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-66.png?resize=639%2C284&ssl=1>>

Reason No. 4

The risk of Children developing serious illness due to Covid-19 is extremely low

A study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
) led by Professor Russell Viner of UCL Great Ormond Street Institute of Child Health, published on the medRxiv server, found that 251 young people aged under 18 in England were admitted to intensive care with Covid-19 during the first year of the pandemic (until the end of February 2021).

The results of the study found that there were 5,830 admissions associated with Covid-19 among children up to 17 years of age during the pandemic year, this represents just 1.3% of secondary care admissions among children.

The lead author of the study said: "These new studies show that the risks of severe illness or death from SARS-CoV-2 are extremely low in children and young people".

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-111.png?resize=639%2C313&ssl=1>>

Reason No. 5

The Pfizer Covid-19 Vaccine is experimental and still in Clinical Trials

The Pfizer mRNA Covid-19 injection is in fact only temporarily authorised

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2F>
(see official MHRA document here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2F>
) for emergency use only. In October the government made changes to the Human Medicines Regulations 2012 to allow the MHRA to grant temporary authorisation of a Covid-19 vaccine without needing to wait for the EMA.

A temporary use authorisation is valid for one year only and requires the pharmaceutical companies to complete specific obligations, such as ongoing or new studies. Once comprehensive data on the product have been obtained, standard marketing authorisation can be granted. This means that the manufacturer of the vaccine cannot be held liable for any injury or death that occurs due to their vaccine, unless it was due to a quality control issue.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-112.png?resize=512%2C384&ssl=1>>

The reason the Pfizer mRNA Covid-19 injection has only been granted temporary authorisation is because it is still in clinical trials that are not set to conclude until May 2nd 2023. You can see the official Clinical Trial Study Tracker for the Pfizer jab on the US National Library of Medicine site here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow>>
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<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-113.png?resize=512%2C333&ssl=1>>

This is the first time mRNA injections have ever been authorised for use in humans (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fec.europa.eu%2Fresearch-and-innovation%2Fen%2Fhorizon-magazine%2Ffive-things-you-need-know-about-mrna-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>), and the long term side effects are not known, meaning the millions of people around the world who have had the Pfizer Covid-19 injection are essentially taking part in an experiment.

Reason No. 6

Three Scientific Studies conducted by the UK Government, Oxford University, & CDC, which were published in August have found the Covid-19 Vaccines do not work

New research in multiple settings shows that the alleged Delta Covid-19 variant, the now dominant variant in the UK, produces very high viral loads which are just as high in the vaccinated population compared to the unvaccinated population. Therefore, vaccinating individuals does not stop or even slow the spread of the alleged dominant Delta Covid-19 variant.

CDC Study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2FvolunH.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>

The CDC study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2FvolunH.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>) focused on 469 cases among Massachusetts residents who attended indoor and outdoor public gatherings over a two week period. The results found that 346 of the cases were among vaccinated residents with 74% of them presenting with alleged Covid-19 symptoms, and 1.2% being hospitalised. However, the remaining 123 cases were among the unvaccinated population with just 1 person being hospitalised (0.8%).

Oxford University Study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpaper>>

The Oxford University study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpaper>>

) examined 900 hospital staff members in Vietnam who had been vaccinated with the Oxford / AstraZeneca viral vector injection between March and April 2021. The entire hospital staff tested negative for the Covid-19 virus in mid May 2021 however, the first case among the vaccinated staff members was discovered on June 11th.

All 900 hospital staff were then retested for the Covid-19 virus and 52 additional cases were identified immediately, forcing the hospital into lockdown. Over the next two weeks, 16 additional cases were identified.

The study found that 76% of the Covid-19 positive staff developed respiratory symptoms, with 3 staff members developing pneumonia and one staff member requiring three days of oxygen therapy. Peak viral loads among the fully vaccinated infected group were found to be 251 times higher than peak viral loads found among the staff in March – April 2020 when they were not vaccinated.

UK Department of Health & Social Care Study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

The UK Department of Health & Social Care study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

) is an analysis of ongoing population wide SARS-CoV-2 monitoring in the UK and includes measures of viral load among the population.

The study found that viral loads among the vaccinated and unvaccinated population are virtually the same, and much higher than had been recorded prior to the Covid-19 injection roll-out. The study also found that the majority of cases among the vaccinated population were presenting with symptoms when they became positive.

The authors of the study conclude that the Pfizer and Oxford / AstraZeneca injection have lost efficacy against what they claim to be the Delta Covid-19 variant.

Reason No. 7

Public Health England Data shows the majority of Covid-19 Deaths are among the Vaccinated and suggests that the Vaccines worsen disease

Various UK Health Security Agency Vaccine Surveillance reports

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment/uploads/system/uploads/attachment_data/file/100000/week_49.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C1

detail the number of Covid-19 cases by vaccination status in England. The following chart shows hospitalisations by vaccination status over a period of 16 weeks from 16 Aug 21 to 05 Dec 21.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-279.png?resize=639%2C523&ssl=1>

The chart shows that between August and early September, the fully vaccinated population accounted for the majority of Covid-19 cases. However, between the middle of September and early October this switched to the not-vaccinated population accounting for the majority of cases. This is most likely due to children returning to school in September and being "encouraged" to test on a regular basis.

But between October 11th and December 5th the roles reversed again, and it is the fully vaccinated population that have accounted for the majority of Covid-19 cases in England.

The following chart shows hospitalizations by vaccination status over a period of 16 weeks from 16 Aug 21 to 05 Dec 21.

Between Aug 16 and Dec 05, the unvaccinated population accounted for 11,767 Covid-19 hospitalisations. But the vaccinated population have accounted for nearly double the amount, recording 19,730 hospitalisations, with 18,406 of those being among the 2/3 dose vaccinated population. This means the vaccinated population have accounted for 63% of Covid-19 hospitalisations since August 2021.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-280.png?resize=639%2C523&ssl=1>

The following chart shows the case-fatality rate among the not-vaccinated population, and the case-fatality rate among the 2/3 dose vaccinated population between 16 Aug and 05 Dec 21.

The case-fatality rate is calculated by dividing the number of known deaths by the number of known cases among the population. As we can see from the above the case-fatality rate among the not-vaccinated population is just 0.2%, which is what is in line with the average case-fatality rate in 2020 before a Covid-19 injection was introduced to the masses.

However, the case-fatality rate among the fully vaccinated population is much higher, equating to 0.8%. Therefore the fully vaccinated are 4 times / 300% more likely to die if exposed to the Covid-19 virus based on official UK Government figures.

The above data was extracted from the following official UK Health Security Agency Vaccine Surveillance reports –

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia/2023/07/20230720143016/20230720143016-week_37_v2.pdf&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%3A

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fsurveillance-report-week-41.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e211>

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>

_week_45.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C1

* COVID-19 vaccine surveillance report – Week 49 (Covers Week 45-48)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia/2021/09/20210914_covid-19_vaccine_surveillance_report_week_49.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C1

Reason No. 8

There had been at least 1.18 million Adverse Reactions to the Covid-19 Vaccines in the UK alone up to September 1st

The thirty-second report highlighting adverse reactions to the Pfizer / BioNTech, Oxford / AstraZeneca, and Moderna Covid-19 injections that have been reported to the UK Medicine Regulator's (MHRA) Yellow Card scheme reveals that there were 1,186,844 adverse reactions reported between the 9th December 2020 up to the 1st September 2021.

The reports for each available vaccine can be found here

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fmedia/2021/09/20210914_covid-19_vaccine_adverse_reactions%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>
under the analysis print section and include adverse reactions such as blindness, seizure, stroke, paralysis, cardiac arrest and many other serious ailments. As of December 8th 2021 there have now been over 1.3 million adverse reactions including 1,852 deaths.

The Pfizer mRNA injections had left at least 107 people fully paralysed and a number of other people partly paralysed up to the 1st September 2021. However, the MHRA state that an estimated 10% of adverse reactions are actually reported to the Yellow Card scheme, meaning the true figure of adverse reactions is immensely higher.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-98.png?resize=572%2C194&ssl=1>>

Reason No. 9

There were more deaths in 8 months due to the Covid-19 Vaccines than there have been due to all other available Vaccines combined since the year 2001

The UK Medicine Regulator responded to a Freedom of Information (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>
) request demanding to know how many deaths have occurred in the past 20 years due to all vaccines, and their response revealed that there have been four times as many deaths in just eight months due to the Covid-19 injections.

The request

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>
was made via email to the Medicine and Healthcare product Regulatory Agency (MHRA) on the 6th August 2021, and in answer to the question
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>

1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217 asked on the number of deaths due to all other vaccines in the past twenty years, the MHRA revealed that they had received a total of 404
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>
reported adverse reactions to all available vaccines (excluding the Covid-19 injections) associated with a fatal outcome between the 1st January 2001 and the 25th August 2021 – a time frame of 20 years and 8 months.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-60.png?resize=639%2C69&ssl=1>>

However, according to the MHRA Yellow Card Report (see here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>
– under each analysis print section) there were 1,632 deaths reported as adverse reactions to the Covid-19 vaccines from December 9th 2020 up to September 1st 2021. This included 16 deaths due to the Moderna jab, 24 deaths where the brand of vaccine was unspecified, 1,064 deaths due to the AstraZeneca vaccine, and 524 deaths due to the Pfizer mRNA injection.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-100.png?resize=443%2C422&ssl=1>>

Reason No. 10

The risk of Myocarditis (Heart Inflammation) in Children due to the Pfizer Vaccine

Myocarditis is inflammation of the heart muscle, whilst Pericarditis is inflammation of the protective sacs surrounding the heart. Both are serious conditions due to the fact the heart muscle cannot regenerate, and both conditions have officially been added to the safety labels of the Pfizer jab and Moderna jab by the MHRA (see here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>
>).

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-114.png?resize=639%2C141&ssl=1>> Source
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e217>>

Myocarditis and pericarditis happen very rarely in the general (unvaccinated) population, and it is estimated that in the UK there are about 6 new cases of myocarditis per 100,000 patients per year and about 10 new cases of pericarditis per 100,000 patients per year.

The MHRA has undertaken a thorough review of both UK and international reports of myocarditis and pericarditis following vaccination against Covid-19 due to a recent increase in reporting of these events in particular with the Pfizer/BioNTech and Moderna vaccines, with a consistent pattern of cases occurring more frequently in young males.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F1377777>>
, has also found that the incidence of myocarditis among vaccinated individuals is at least double what Health Authorities are claiming.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>
(found here)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle&cid=79860&ui=en&gs=z&as=s&ad=US&all=true)
the average monthly number of cases of myocarditis or pericarditis during the pre-
vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3
during the vaccine period of February through May 2021.

Dr. George Diaz who conducted the study told Medscape that “Our study resulted in higher numbers of cases probably because we searched the EMR, and [also because] VAERS requires doctors to report suspected cases voluntarily,” Diaz told Medscape

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image->

109.png?resize=471%2C283&ssl=1>

Another 15 year-old female received her second dose of the Pfizer jab on the 6th June 2021. Sadly one day later she died suddenly without reason. Found under VAERS ID 1383620.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-112.png?resize=562%2C313&ssl=1>

A 15 year-old male die due to an unexplained reason twenty-three days after having the Pfizer jab. Found under VAERS ID 1382906.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-113.png?resize=556%2C283&ssl=1>

The above are sadly just a few examples of the deaths to have occurred among children due to the Covid-19 vaccines in the USA.

Reason No. 12

Who profits from your Child getting the Covid-19 Vaccine?

It may surprise you to know that GP's were already being incentivised to inject the adult population with the Covid-19 vaccine with a payment of £12.58 for every dose administered.

So it may surprise you further to know that GP's are being offered an additional payment of £10 on top of the £12.58 already offered for every injection administered to a child in the United Kingdom. All of this is documented in an official NHS document found here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fuploads%2Fsites%2F52%2F2021%2F08%2FC1384-Vaccinating-children-and-young-people-frequently-asked-questions.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C1>>

According to the last count made in 2020 there are approximately 3,154,459 children
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statista.com%2Fstatistics%2Fpopulation-by-age%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2>
between the ages of 12 and 15 in the United Kingdom. Therefore GP's across the UK
could stand to make a combined £142.45 million if every child is injected with a Covid-19
vaccine.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-42.png?resize=639%2C110&ssl=1>

A Freedom of Information request (found here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fof-information-responses-from-the-mhra-week-commencing-17-may-2021%2Ffreedom-of-information-request-about-the-bill-and-melinda-gates-foundation-foi-21-509&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e2172>) which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Bill & Melinda Gates Foundation amounts to \$3 million and covers “a number of projects”. The MHRA being the UK Medicine Regulator to have granted emergency use authorisation for the Pfizer / BioNTech mRNA vaccine to be given to children.

Coincidentally, the Bill & Melinda Gates Foundation bought shares in Pfizer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
back in 2002 (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
) , and back in September 2020 Bill Gates ensured the value of his shares went up by announcing to the mainstream media in a CNBC interview that he viewed the Pfizer jab as the leader in the Covid-19 vaccine race.

"The only vaccine that, if everything went perfectly, might seek the emergency use license by the end of October, would be Pfizer."

The Bill & Melinda Gates Foundation also coincidentally bought \$55 million worth of shares in BioNTech

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
(see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
) in September 2019, just before the alleged Covid-19 pandemic struck.

Can we really trust the MHRA to remain impartial when its primary funder is the Bill & Melinda Gates Foundation, who also own shares in Pfizer and BioNTech?

Reason No. 13

The Joint Committee on Vaccination & Immunization refused to recommend the Pfizer Vaccine be offered to Children aged 12-15

On the 3rd September 2021 the Joint Committee on Vaccination and Immunization (JCVI) announced

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications/issues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
(see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications/issues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a3ccf3735b94f21f3bd08d9fa7a77bd%7C11d0e21726>>
) they were not recommending the Pfizer Covid-19 injection be offered to all children over the age of 12.

The assessment by the Joint Committee on Vaccination and Immunization (JCVI) is that the health benefits from vaccination are marginally greater than the potential known harms. However, the margin of benefit is considered too small to support universal vaccination of healthy 12 to 15 year olds at this time.

The JCVI cited the following –

"For the vast majority of children, SARS-CoV-2 infection is asymptomatic or mildly symptomatic and will resolve without treatment. Of the very few children aged 12 to 15 years who require hospitalization, the majority have underlying health conditions."

Since 1st April 2009 the Health Protection (Vaccination) Regulations 2009 place a duty on the Secretary of State for Health in England to ensure, so far as is reasonably practicable, that the recommendations of JCVI are implemented (See here

Yet in an unprecedented move, the Secretary for Health and the Government decided to bypass the JCVI and seek the advice of the four Chief Medical Officers (CMO's) of the United Kingdom.

In their letter to the Government (found here
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fvaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19%2Funiversal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid->

This raises some serious questions –

1. Did Covid-19 close the schools? The answer is of course no. Schools were closed because of Government policy.
2. Should a person take a medical treatment so that they are able to partake in society or education? The answer is of course no. A person should only ever take a medical treatment for a medical reason, in the case of the Covid-19 vaccine that reason should be to prevent infection; which it does not do, or prevent illness; which it will not do as children are at such low risk of suffering serious illness due to Covid-19.

The decision by Chris Whitty and his fellow Chief Medical Officers to advise the Government that the Covid-19 vaccines should be offered to children aged 12-15 was not a decision based on science, it was instead a decision based on politics.

So there you have it, 13 factual reasons why children aged 5 to 11 should not be given the Covid-19 vaccine, and each and every one is based on the science.

Now the choice is yours, we hope you make the correct one.

From: Austin Smith
Sent: 2/18/2022 6:16:23 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: Hannah Markham

Sent: 2/16/2022 10:59:43 PM

To: Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery, MD

(DOHi),Reykdal, Chris (DOHi),Miller, 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),Aultman, John (GOV),Phillips, Keith (GOV),Voris, Molly (GOV),Sawyer, Sheri

(GOV),Davis, RaShelle (GOV),Serrano, Barbara

(GOV),school.board@rentonschools.us,kentboard@kent.k12,joseph.Bento@kent.k12.wa.us,leslie.Hamada@kent.k12.wa.us,

Secretary's Office,Kwan-Gett, Tao (DOH)

Subject: Equitable Regulations

External Email

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

From: DOH-PIO (DOH)
Sent: 2/16/2022 3:32:43 PM
To: DOH WSBOH
Cc:
Subject: FW: Public Comment for State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022



attachments\A5DCDBF1D4004971_image002.png

FYI

Nikki Ostergaard

Gender Pronouns: she/her

COVID-19 Public Information Officer

Center for Public Affairs

Washington State Department of Health

nikki.ostergaard@doh.wa.gov <mailto:nikki.ostergaard@doh.wa.gov>

360.584.3596|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: Kurt Hatlestad <kmhatlestad@gmail.com>
Sent: Wednesday, February 16, 2022 3:06 PM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@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: 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

Sent from Mail

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

From: Charmaine Eppler
Sent: 2/18/2022 5:57:42 PM
To: DOH WSBOH
Cc:
Subject: <https://www.msn.com/en-us/news/us/surgeon-general-and-his-entire-family-test-positive-for-covid-19/ar-AAU2Ex6>

External Email

The covid vaccines are nothing more than a pre-treatment. They do not stop transmission. Proof of this is the US Surgeon General and his family fully vaccinated and all sick.

Please, do not make covid vaccines mandatory to go to school. They are not like other vaccines, they do not stop transmission!! They at best lessen symptoms, and that means they should be a choice and not mandatory.

Thank you,

Charmaine Eppler

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Fsurgeon-general-and-his-entire-family-test-positive-for-covid-19%2Far-AAU2Ex6&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf424d06732764169b70308d9f34b3561%7>

From: Christopher Perisho
Sent: 2/21/2022 1:25:26 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To the Board Members of the Washington State Board of Health,

As a parent and resident of Washington State, I am writing to you regarding COVID policy coming out of the Board of Health, and to express concerns about the Technical Advisory Group's likely recommendation to mandate COVID vaccines for children to return to school for the 2022-2023 school year. In the early days of the COVID pandemic much was unknown, and I joined countless other Washingtonians in supporting an abundantly cautious approach. Now 2 years later, the data is in, scientists and doctors know what this virus is, how it behaves, and most importantly how to treat sick patients and combat it to protect people. We also have 3 vaccines, that while they now appear not to prevent COVID, have been shown to reduce its severity, and prevent hospitalization and death. This is wonderful news! Credible doctors at the highest levels treating patients and working with the CDC, NIH, WHO, and other global health organizations assert with certainty that this virus is very real, but presents very low risk to most people, has an over 99% survivability rate, and for most has very minor symptoms. They also assert that any facial covering that is not an N95, and not worn in strict compliance with medical guidance, is virtually useless. Findings, data, and official statements from the CDC and other credible institutions support all of this.

I also am a police officer in this state, and have been alarmed as I have watched the calls related to suicidality and depression rise dramatically in response to the draconian measures taken in response to COVID in this state. I am particularly alarmed by the impacts I am seeing these policies have on children and teenagers, as they have been kept out of school, and then forced to wear ineffective masks once they were finally allowed to return to in person learning. I have spoken with so many depressed and suicidal teenagers upset over the lockdowns, being kept out of school, and the mask wearing which hides people's facial expressions and diminishes the full potential and value of social interactions. I see it in my own kids, super frustrated with having to wear a mask all day in school, constantly short of breath, and even they see how nonsensical this all is. My 8 year old is capable of observing and commenting on the absurdity of requiring a mask to walk to a table in a restaurant, only to take it off the entire time they are eating. My 4 year old flings her mask off when I pick her up and yells, "I can finally breathe!" almost every day when I pick her up from pre-K. These policies are hurting our children in very real ways that are significantly more dangerous and lasting than a cold which presents statistically zero risk to them.

Other states and other countries are demonstrating that much more reserved approaches to this virus are actually more effective and without the intrusion and imposition on our rights and freedoms. I urge you to end all mask mandates, school lockdowns, or any consideration of vaccine passports, and especially to reject adding COVID vaccines to the list of required immunizations for children in daycares and schools for the 2022-2023 school year. While the vaccines are proving effective in protecting our elderly and most vulnerable, they themselves are presenting dangerous risks to young people, particularly young boys with unprecedented levels of myocarditis and other complications. I am not anti-vax, and I am not a COVID denier. I am fully vaccinated, so is my wife. Yet just weeks ago, our whole family got COVID. All 3 of my kids now have natural immunity, which has been shown to be more robust than the protection offered by the vaccines,

and comes without the risk of complications like myocarditis that the vaccines are showing in children. I also urge you not to implement COVID vaccine mandates for children, as the risks associated far outweigh the potential benefits. As our State Board of Health, you wield tremendous power and access to government officials and organizations, and I respectfully urge you to stop using tools to fight this pandemic that have been shown ineffective by the CDC, WHO, and actual doctors treating sick COVID patients. Instead, I urge you to leverage your access to gather and disseminate information to the people of Washington, and let us make our own informed decisions as the adults that we are for us and our children. We weigh risks and rewards, and make informed decisions in countless other things in our life, and it is time you stopped infringing on our ability to do the same with COVID. I urge you to pivot policy around COVID to prioritizing those in our state who are truly at risk with whatever resources they need to get by and stay healthy, and get out of the way of the rest of us returning to normal life, and being able to be fully engaged in our schools, places of worship, workplaces, lives, and the economy without mask and COVID vaccine mandates, or threat of losing our jobs, or being ostracized.

Sincerely,

Chris Perisho

From: sue coffman
Sent: 2/23/2022 7:23:50 AM
To: DOH WSBOH
Cc:
Subject: Objective Data for TAG meeting Feb 24

External Email

To the Board of Health:

This is in regard to the idea of possibly harming our youth by requiring them to receive an undertested, inaccurately advised, and experimental treatment injection just so they can attend school/daycare. I urge every single one of you to look more closely at the "data" you are being shown by agencies that care only about the bottom line of funding for their companies, and not about the health and safety of our population.

Please forward the attached link to all members of the Technical Advisory Group, so that they may receive ACCURATE information in order to make truly informed advice to the Board of Health:

Objective DATA the WA BOH TAG Should Know - Informed Choice Washington

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Fdata-the-wa-boh-tag-should-know%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc3155510e36c48ccf31808d9f6e07d41%7C11d0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Fdata-the-wa-boh-tag-should-know%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc3155510e36c48ccf31808d9f6e07d41%7C11d0>

Objective DATA the WA BOH TAG Should Know - Informed Choice Washington

by Dr. Henry Ealy (aka Dr. H)

I remain a concerned citizen for Medical Freedom and Parental Rights,

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=>

From: DOH COVID Vaccine
Sent: 2/28/2022 8:28:43 AM
To: DOH WSBOH
Cc:
Subject: FW:

Public Comment

From: Mikaila Van Otten <mikailavo@gmail.com>
Sent: Thursday, January 6, 2022 3:10 PM
To: DOH COVID Vaccine <COVID.Vaccine@doh.wa.gov>
Subject:

External Email

Please, do not mandate any vaccines. It's imperative that we retain freedom of choice, especially regarding our health. I do not believe that children or adults should be met with expulsion or termination of employment due to not accepting vaccines, and believe discharging those who opt out to be unethical and discriminatory. Indeed, I believe it's utterly outrageous.

From: Kahler, Kelie (SBOH)
Sent: 2/15/2022 12:59:12 PM
To: DOH WSBOH
Cc:
Subject: FW: NO To covid vaccine requirements

From: Gillian Morrison <gmosmo@gmail.com>
Sent: Tuesday, February 15, 2022 12:51 PM
To: sboh@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>; nathaniel.thai@sbohwa.gov
Subject: NO To covid vaccine requirements

External Email

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy with no long term data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. The vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children. Taking away medical choice is unconstitutional and illegal and the conversation about it must end. Please advise accordingly!

Gillian Morrison

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

From: Lisa Smith
Sent: 2/23/2022 1:42:20 PM
To: DOH WSBOH
Cc:
Subject: Potential Covid Vaccine Mandate for Public Schools - TAG slides



attachments\CA79F4FD9E454BF3_Vaccine_2.pdf

attachments\ADEF3905992A4C05_Vaccine_1.pdf

attachments\E9B2EFB20BD94607_Vaccine_3.pdf

External Email

Hi,

I am writing to express my concern for the possibility that there might be a covid vaccine mandate for public schools. I understand that the vaccine is a wonderful option for people who are at risk and it helps to reduce hospitalizations and that's amazing. Children are not at a big risk of being hospitalized for covid so it should really be the choice of parents. You should not take away the risk-reward decision from parents especially since there isn't convincing evidence that the covid vaccine reduces transmission between people.

I took the attached pictures of slides from a recent TAG meeting and I'm appalled that so many doctors still voted to agree with the vaccine reducing transmission between people as set forth in the criteria. It's clear that their own bias came into play and their decisions were not based on the data presented. Here are some excerpts from the slides:

"Found no meaningful difference in the level of viral load or persistence of the virus between vaccinated and unvaccinated participants"

"Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not"

"Vaccinated people infected with the delta variant can carry detectable viral loads similar to those of people that are unvaccinated"

*found in attached pictures of slides from TAG meeting

In addition to this, we know the efficacy of the vaccine wanes after ~6 months so are you going to require a yearly shot for all students? I am responsible for the health and wellbeing of my children and I want to make the choices for them. They have all received the other vaccines on the list for public schools but I am not ready and don't see the need to get them vaccinated against covid especially since they had covid in January and had no more than a headache and runny nose. And if being vaccinated doesn't mean you will reduce transmission, then what is the point of pressuring parents to give their kids this shot?

Regards,
Lisa Smith (mother of a 6, 10 and 12 year old)

Outbreak of SARS-CoV-2 Infections, Including COVID Breakthrough Infections, Associated with Large Public Events — Barnstable County, Massachusetts, July 2021*



Methods:

- Descriptive report

Results:

- After multiple large public events in a single town during July 3–17
 - Nearly 500 COVID-19 cases were identified among Massachusetts residents who were there
 - 74% of cases occurred in fully vaccinated persons.
 - **Among persons with breakthrough infection, four (1.2%) were hospitalized; none died.**
- Testing identified the Delta variant in 90% of specimens
- **Cycle threshold (CT) values were similar among specimens from patients who were fully vaccinated and those who were not.** CT values represent how much virus is found in a tested sample.
- This could be interpreted to mean that the viral load of vaccinated and unvaccinated persons infected with SARS-CoV-2 is similar.
- **The CT for a given specimen is a point in time value.** Microbiological studies would be required to confirm these findings.

Data on COVID-19 Transmission by Vaccinated Individuals⁴



- Data on the previous slide showed that **vaccinated people infected with the delta variant can carry detectable viral loads similar to those of people that are unvaccinated.**
- Some **question about how viable virus retrieved from vaccinated people actually is.**
- It is important to keep three things in mind:
 1. Vaccines remain highly effective at preventing severe disease..
 2. Unlike delta, omicron seems to cause much higher numbers of breakthrough cases in vaccinated people.
 3. Most new COVID-19 infections in the US are still among unvaccinated people
- Although some study findings have been encouraging, **our understanding of the role of vaccines in preventing person-to-person transmission of COVID-19 in congregate settings such as schools is still evolving.**

Methods:

- Followed 173 National Basketball Association participants Nov 28 - Aug 11, 2021
- Participants predominantly healthy young men, so not representative of general public
- Collected 19,000 samples for COVID-19 testing
- Measured SARS-CoV-2 viral load over the course of acute infections for COVID-19 cases

Findings:

1. Found 113 acute COVID-19 infections due to 3 variants
2. No meaningful difference *among variants* in:
 - the level of viral load
 - Duration of positivity, time to clear the virus, or duration of acute infection
3. **Found no meaningful difference in the level of viral load or persistence of the virus between vaccinated and unvaccinated participants**

From: Testify Online Survey
Sent: 2/18/2022 12:08:18 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/25/2022

2.

Agenda Item or Issue:

Covid vaccination on school vaccine schedule

3.

Your Name:

Yvette Montgomery

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Tacoma wa

7.

Email:

Yvette239@hotmail.com

8.

Phone Number (Include Area Code):

3608884180

9.

Do you have any special expertise relevant to this topic?

1. Yes

Hundreds of hours of research since 2020

10.

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

1. Yes

Covid vaccines in school schedule

11.

Are you Pro or Con on the proposal?

2. Con

The evidence being censored is overwhelming. The boh is clearly biased in their recommendations. They only espouse pro vaccine "professionals" and have rushed through this adoption process with no real debate in opposition. The damage these boards are causing Washingtonians are grounds for Nuremberg. There is no one size fits all when it comes to healthcare. Forcing experimental mRNA gene therapy on everyone as the only solution for what is Covid are crimes against humanity. Pcr test never isolated the Covid virus. Medical protocol is being found to be the driving factor of Covid deaths. All alternative remedies suppressed and vilified in order to heavily market/drive mRNA experimental gene therapy on all of the worlds population as the only alternative to save the world from the enhanced flu. Criminal. This experimental gene therapy skipped all animal trails and are going straight to human with the experiments going on through 2023-2026 with all of the free test animal trails resulting in the all test animals having died. There is no excuse for lack of independent research by board members and regulators/legislators. Nuremberg will be revisited to include this time in history. Do not add to children vaccination schedule

From: Claudia Cole
Sent: 2/16/2022 3:53:16 PM
To: DOH WSBOH
Cc:
Subject: Against required COVID vaccines for school children

External Email

Please rethink requiring the COVID vaccines for youngsters. I feel parents should be allowed to make decisions about this important decision. Not all children are the same health-wise, and any mandated untested shot puts unnecessary risk on a lot of our kids.

There has not been enough time to study the ramifications, and frankly the risk of the vaccine seems worse than the risk of the disease.

Thank you,
Claudia Cole
360-202-8402

From: Testify Online Survey
Sent: 2/18/2022 9:14:58 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb .24th

2.

Agenda Item or Issue:

vax shot for kids.

3.

Your Name:

Laurie Layne

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

11605 243rd Avenue Ct E Buckley, Wa. 98321

7.

Email:

laurielayne1@gmail.com

8.

Phone Number (Include Area Code):

360-897-8933

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

Vax shots for Kids!

11.

Are you Pro or Con on the proposal?

2. Con

Kids don't need shot because they don't have immunity issues so don't need Vax. Also not tested for safety!!

From: Luann Buff
Sent: 2/17/2022 3:33:05 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: Mike Dubinsky
Sent: 2/21/2022 8:10:03 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Austin Smith
Sent: 2/25/2022 2:05:48 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: Paul Brydges
Sent: 2/26/2022 9:18:22 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at 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 Onzay
Sent: 2/26/2022 8:00:10 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: Steve Graves
Sent: 2/24/2022 10:41:22 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb793973bc3ab49c2cffd08d9f7c53f0a)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Steve Graves

From: Karli Reed
Sent: 2/17/2022 11:45:11 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Today's presentations are so one sided in favor of vaccinations with no mention or consideration for those who have recovered from acquiring the Covid-19 infection. I don't believe this has been thoroughly researched for today. There is no mention of the effects of the vax on the body after immunization. There seems to be a lack of understanding or comprehension of the structure and how the mRNA vaccine works within the cells and the damage it ensues within after each jab. I implore you to stop the promotion of the vaccine in children. You all are ignoring the scientific journals.

I encourage you to look in this website: doctors4covidethics.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fdoctors4covidethics.org%2F&data=>

. This is very thorough and well researched.

I'm tired of losing friends and family due to the effects of the vaccines. Enough!!!

From: Kathy Read
Sent: 2/22/2022 2:09:19 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: 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: DOH Information
Sent: 2/25/2022 3:42:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\F1746072606A4391_image001.png

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 <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 17, 2022 4:29 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:

That the Washington State Board of Health would even consider jabbing children with the dangerous and leaky mRNA drugs is a travesty in itself. How could any entity ignore safe and effective treatment in favor of drugs with now known extremely poor efficacy and serious adverse reactions that are already horrible and now beginning to compile. For those who have taken these drugs, my empathy. Please stop this relentless pushing of on patent drugs and let people live their lives, making their own health choices. Happy to debate the science anytime, anywhere. Please review life insurance company statistics and all cause mortality post mRNA drug introduction. There is so much 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:
Garry Blankenship

Email:
hisgarness@comcast.net <mailto:hisgarness@comcast.net>
Telephone:
2069095137

5.

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

hisgarness@comcast.net <mailto:hisgarness@comcast.net>

From: Kasha Sonntag
Sent: 2/20/2022 3:43:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\90DC3C96A8764616_2022-02-01 RHJ letter to DoD re DMED.pdf

External Email

Please review the following letter from Senator Ron Johnson to the Department of Defense regarding findings in the DMED. It's not acceptable to say "oops, we didn't know" after you recommended these shots for kids. WE DO KNOW.

Sent from my iPhone

From: Karla FitzGerald
Sent: 2/17/2022 2:59:07 PM
To: DOH WSBOH
Cc:
Subject: RE: Vaccine requirement

External Email

Lots of lawsuits will be happening down the road, and lots of kids will be pulled out of schools! Tell Bill Gates to stop this and find another hobby.

Karla Fitzgerald

From: Hannah Markham
Sent: 2/16/2022 11:14:04 PM
To:
Subject: Give Our Students Super Bowl Joy

External Email

Our students deserve the same liberty and joy that superbowl attendees were able to have. Why are we depriving them? Remove the mask mandate immediately.

On Wed, Feb 16, 2022 at 10:59 PM Hannah Markham
<wapasouthkingcounty@gmail.com <mailto:wapasouthkingcounty@gmail.com> >
wrote:

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

From: Testify Online Survey
Sent: 2/17/2022 11:18:58 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 24,2022

2.

Agenda Item or Issue:

Vaccination of jab

3.

Your Name:

Crystal G

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Grammi2020@icloud.com

8.

Phone Number (Include Area Code):

509-426-8597

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a parent and grandparent, I've taken care of sick children for years. They are resilient with immunities. What if it was your kids?

10.

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

1. Yes

Mandatory jabs of a untested substance into children

11.

Are you Pro or Con on the proposal?

2. Con

These jabs Do Not stop the desease and that is science. You have no rights to determine the health of children in a jab that no one even knows what's in it. My family refuses to take an experiment that affects peoples gnomes and immune system. Get out of your heads, you have no rights to play God, It is up to parents to care for their children. My family has had this flu twice and all are healthy. Leave families alone or your asking for more trouble. We the People have had it, the lies are out□□□□□□□

From: Ruth Walker
Sent: 2/16/2022 8:57:28 PM
To: DOH WSBOH
Cc:
Subject: K-12 vaccines

External Email

To whom it may concern:

I am a mother of 4, a pediatric nurse and a supporter of the public schools in my neighborhood. It has come to my attention that there is a consideration of adding the latest covid vaccine to the list of required vaccines for school attendance. This is of great concern to me because this vaccine and it's side effects have not been properly tested especially on children. It is known that children while just now are testing positive for Covid more often it is a very mild case for 99% of them. It has also been shown that children aren't giving it to adults rather it's the adults giving it to children. Their immune systems are proving to be robust enough to handle it. We do not know or understand the longterm effects this vaccine will have on them. To add it to the list of required vaccines for school attendance seems outrageous! I understand for an illness with my higher percentages of death but for something that is no more then the common cold for these kids it's reckless. Dr Malone who was the inventor of the MRNA technology himself recommends against kids getting vaccinated stating it is dangerous to their growing and developing brains and organs. He wrote a paper and had 16,000 drs worldwide sign it asking for them to not allow these vaccines to be given to kids. He stated it's one thing for adults and the elderly to get the vaccine but it is dangerous for children. Now you are wanting parents to choose whether to risk taking an experimental gene therapy or sending their kids to school. Public school where their tax dollars are going but they won't be able to use them. Public school that guarantees a free and appropriate education to all students regardless. There are children who can't get vaccinated, their are children whose families have religious convictions about vaccines what about those children?? I am asking you to please allow parents the right to choose what is best for their children and do not mandate these vaccines for school attendance in the state of Washington.

Thank you, Ruth Walker

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Kristyn Hardy
Sent: 2/27/2022 1:51:21 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: Sarah Kaster
Sent: 2/24/2022 11:12:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccdc8aca9c5a64a8ca72d08d9f7c98471%7C>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccdc8aca9c5a64a8ca72d08d9f7c98471%7C>>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccdc8aca9c5a64a8ca72d08d9f7c98471%7C>>

Thank you,
Sarah Kaster

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccdc8aca9c5a64a8ca72d08d9f7c98471%7C>>

From: Lindsay Reanier
Sent: 2/24/2022 2:18:09 PM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

In regards to the TAG group evaluating the 9 criteria for Covid-19 vaccines to be included in the definition of WAC 246-105-030, we have important reasons going against that data they are using and reasons to not allow the covid-19 vaccines/shots to be mandated for our children:

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Cb17b9b7313454419049a08d9f7e388>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Cb17b9b7313454419049a08d9f7e388>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Cb17b9b7313454419049a08d9f7e388>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Lindsay Reanier

From: Boonee
Sent: 2/24/2022 11:06:53 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C586cd0407586403bbe1808d9f7c8d0>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C586cd0407586403bbe1808d9f7c8d0>

Reason 3: The Vaccine does not reduce transmission:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C586cd0407586403bbe1808d9f7c8d0>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Boonee W.

From: Levi Rawls
Sent: 2/16/2022 3:16:26 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Requirement for School kids

External Email

Hi there,

Please do not require school kids to get vaccinated for Covid. It is not well tested, and I know too many people who got Covid multiple times after vaccination for me to think it is an urgently needed vaccine.

Many thanks,

Levi Rawls

From: Scott Berry
Sent: 2/24/2022 1:06:52 PM
To: DOH WSBOH
Cc:
Subject: Adding COVID-19 Vaccine to Immunization Requirements

External Email

Dear Board Members,

I notices board members were abstaining from votes. I regard an abstention as not voting against adding the COVID-19 vaccination to the immunization schedule. You will be held accountable if this measure passes whether you abstain or vote in favor.

Scott Berry

Gig Harbor, WA

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: Berit Schweiss
Sent: 2/17/2022 2:01:30 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 INJECTIONS

External Email

My family and I find this proposal ill-advised at best. Please keep the Covid-19 immunizations off the school immunization schedule for the following reasons:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Paul Schweiss
La Conner, WA 98257
Skagit County

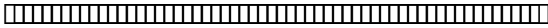
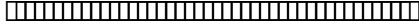
From: Susan Ackermann
Sent: 2/22/2022 11:28:02 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

Board of Health, I am letting you know that I appose covid 19 vaccine mandates for our children. The risk is very low for children to have a severe medical reactions to covid 19. The vaccine has had some serious side effects, including heart injuries. The survival rate for children is 99.9%, the vaccine is not necessary for our children to be safe. I urge you to keep our children safe, by not mandating the covid 19 vaccine.
Sincerely, Susan Ackermann

From: Canva
Sent: 2/16/2022 6:12:09 AM
To: DOH WSBOH
Cc:
Subject: Verify your teacher status ☐

External Email

Access Canva for Education in just a few minutes. 


<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffl.engage.canva.com%2Fss%2Fc%2FhnYI2dmEfNFRUhwuujQJwnCFzzEqwHUazirZAZax09cd03sYA_Vq2qNA4EAnyNoq8OmYMMAEFKrsrNRIzWDA5ltQRX-KEIHJumq3L3g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C73c2d6a25c794ff7152408d9f156502c%7C

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From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 9:31:06 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: Lisette Caire <lamachacachacadelosmochis@gmail.com>
Sent: Wednesday, February 23, 2022 9:21 AM
To: DOH Secretary's Office <DOH.Secretary@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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; FBell@wcaap.org; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders and Board members:

How many Children have you allowed to be injected with the experimental vaccine? What is your plan for the children and their families that are hurt due to this unnecessary vaccine?

As you can see we are concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

You have a Choice. Represent the "We the People" or the Corporations. Either way "We the People" are watching.

Thank you.

Liz Torres

From: Debra Wells

Sent: 2/17/2022 2:20:11 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),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: Voting Criteria

External Email

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%7C71fedc11d2a643e4e05408d9f263a75e%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%7C71fedc11d2a643e4e05408d9f263a75e%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%7C71fedc11d2a643e4e05408d9f263a75e%7C11d0e2

<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%7C71fedc11d2a643
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%7C71fedc11d2a643e4e05408d9f263a75e%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%2Fncchs%2Fnvss%2F1a%2F1a11%2F1a11_000001.pdf 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?

<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> 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%7C71fedc11d2a643e4e05408d9f263a75e%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.

children under 18. Please vote NO on requiring Covid vaccines for

Debra Wells

From: Tove Koch
Sent: 2/21/2022 12:22:34 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you,

Tove

From: Gillian Morrison
Sent: 2/16/2022 9:07:16 AM
To: DOH WSBOH
Cc:
Subject: NO to Covid vaccine requirements

External Email

Dear Washington State Board of Health members,

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy that has no long term safety data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. Furthermore, the vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children.

Most of all, taking away medical choice is unconstitutional, illegal and unequitable. Affluent parents are in a position to pull their kids from public schools and homeschool or place in private schools, however, making the covid vaccine a requirement for children to receive a public education will unfairly be forcing the impoverished, the downtrodden, and minority parents to compromise their deeply held concerns in order for their children to have access to an education. Please continue to make public education available to EVERYONE regardless of vaccination status.

Thank you,

Gillian Morrison MS RD
gmosmo@gmail.com <<mailto:gmosmo@gmail.com>>

From: Kasha Sonntag
Sent: 2/17/2022 11:30:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

The group of people chosen to present data to you are INCREDIBLY BIASED. How can you fairly make a recommendation when you hear only from those in favor of vaccinating children with the Covid vaccine.

So much context to this discussion is missing. It would go along way to those of us listening who are concerned to know you heard the reasons against, but so far those are not even being presented or discussed.

Kasha Sonntag

Sent from my iPhone

From: Tom Giesecke
Sent: 2/17/2022 2:44:37 PM
To: DOH WSBOH
Cc:
Subject: Please do Not promote COVID 19 vaccinations for school children

External Email

As a licensed Washington Physician, I urge you to not promote nor require COVID 19 vaccinations for schoolchildren for the following reasons:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Thomas F. Giesecke, M.D.

Washington Physician License MD00023088

From: Jennifer Cuadrado
Sent: 2/20/2022 3:35:57 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Shirlee Kippen
Sent: 2/17/2022 5:07:40 PM
To: DOH WSBOH
Cc:
Subject: Vaccination mandates

External Email

There is ample evidence that Covid-19 vaccines are more dangerous for children than the actual disease!

Sent from my iPhone

From: Jodi Ericson
Sent: 2/25/2022 3:14:24 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 injections for schools as part of WAC 246-105

External Email

Sent from my iPad

To : WA State Board of Health,
I am urging you to NOT make the Covid 19 vaccination a requirement for schoolchildren in Washington state. There have been no long term studies on these vaccines. It would be irresponsible to require this considering the numerous documented cases of children developing myocarditis (among other serious health complications) after receiving them. The risk far outweighs the benefit as children are at very low risk of contracting Covid. The vaccines have received immunity from responsibility from adverse effects and even deaths caused by them. This is reprehensible! Please do your due diligence before you make a decision that could cause irreversible harm to our children.

Thank you, Jodi Ericson

From: Mel Pow
Sent: 2/23/2022 9:23:47 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Jennifer
Sent: 2/17/2022 5:09:15 PM
To: DOH WSBOH
Cc:
Subject: I OPPOSE COVID VACCINES FOR KIDS

External Email

This is for parents to decide. This is wrong to force your will on children to be "vaccinated" it was presented :as for emergency use only"". This proposal is contrary to that. Keep your will and laws off our kids!! Very, very bad bill. Kids covid is very mild!!!

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: ELISABETH OAKES
Sent: 2/17/2022 8:55:05 AM
To: DOH WSBOH
Cc:
Subject: NO COVID-19 VACCINATION FOR CHILDREN

External Email

Please do not recommend anymore vaccinations for children. Especially the COVID-19 Vaccine. This new vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

- this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.
- the vaccine presents more risk to children than Covid-19
- there are many documented cases of myocarditis in children, especially boys, related to the shots
- the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.
- children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.
- more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Thank you for your consideration,

Elisabeth Oakes

eaoakes@comcast.net <<mailto:eaoakes@comcast.net>>

From: Jenn
Sent: 2/17/2022 11:04:33 AM
To: DOH WSBOH
Cc:
Subject: Mis-c vs strictly myocarditis

External Email

In the previous question it was asked to compare lengths of hospitalization of myocarditis related to vaccine and lengths and cases of hospitalization from Mis-c. Mis-c is a cascade of symptoms including significant vital signs disruption and significant lab abnormalities, especially those signifying inflammation and immune response (crp, esr, etc). The body takes a much larger hit on a multi-system level and therefore would have a longer and more severe course.

Thus, myocarditis related to vaccine should not be compared to cardiac dysfunction in mis-c. The question comparing strictly myocarditis from vaccine and myocarditis from COVID must be clarified as to not confuse or misrepresent the risk.

Jennifer Fuller RN BSN BC

Sent from my iPhone

<[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: Joan Belady <<mailto:jbelady@outlook.com>>
Sent: Wednesday, February 16, 2022 10:01 PM
To: michelle.davis@sboh.wa.gov <<mailto:michelle.davis@sboh.wa.gov>>
Subject: school vaccine schedule

Dear Ms. Hoff,

Thanks you for representing the WA BOH on this very critical manner of children's vaccine schedule. My recommendation to you and your members, as a health professional myself, are simple at this time. Resource Judy Mikovits who is a scientist from NIH and NCI and Frank Russetti. They are whistleblowers who have basically revealed in their books Ending Plague, Plague of Corruption, and Plague

Besides the work of Joseph Mercola and Robert Kennedy JR and Dr. Vernon Coleman from the UK.; That our global vaccine vat is contaminated!. By making vaccines from monkeys and mice, we have created new human viruses and retroviruses that have caused more new animal/human compatible viruses than existed before the onset of vaccine manufacturing. It is a system that must be stopped and reconfigured over years before it could ever be safe to give our adults, let alone children and babies; We must stop vaccinating and when and if we ever return to it, we must make vaccine makers liable for their product.

I will be happy to offer you any further info I can on this matter. As far as the COVID 19 VAX, It is nothing more than an attempt at genocide and it must be stopped.

Thank you for your time and serious consideration. Sincerely, Joan Belady

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

From: Linda Hagan
Sent: 2/18/2022 10:04:14 PM
To: DOH WSOH
Cc:
Subject: Transient increase in plasma HIV RNA after COVID-19 vaccination with mRNA-1272

External Email

Please read this email.

You must not mandate the EUA shots! "You would be delivering an AIDS virus, HIV, to the people who you jab. They took the proteins from their work in discovery in the HIV studies including the group of children involved in the study, whom Dr. Fauci killed in New York. They isolated whatever that pathogen was, and what the gene modification was, and they injected it into every body who took these shots. That's right. That's called pre-meditated murder in the law." ~ Todd Callender, the lawyer representing the servicemen and women who have been and are continuing to be injected.

here is a study to document the above quote.

Transient increase in plasma HIV RNA after COVID-19 vaccination with mRNA-1272

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8520177/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8520177/>>

From: Michelle Zimmerman
Sent: 2/27/2022 12:55:44 AM
To: DOH WSBOH
Cc:
Subject: Fwd: In favor of continued universal masking for K-12



attachments\D2A2C0E02AD84CD2_Image.jpeg

External Email

I have decided to send this as well, as it shows my rational for strong support of continued universal masking in K-12, and strong support for establishing safeguards and ensuring RCW7 (informed consent) and legal requirements that EUA cannot be mandated as it is legally unapproved. Vaccines for children under 16 are still under EUA.

Requiring EUA vaccines for children prior to FDA approval is opening schools to liability, and disproportionate burden with equity gaps for BIPOC communities for vaccine SAE and long Covid PASC.

Please feel free to contact me and I can provide any other supporting evidence and medical, peer-reviewed research, Washington State law, and information on VICP projected timelines and CICP nor being a functioning, accessible safeguard with over 7,000 claims and zero compensation.

Masking makes sense.

More work needs to be done prior to vaccine mandates to ensure the mandates are legal, even under emergency order.

Sincerely,

Michelle Zimmerman, PhD
(University of Washington, 2011)

From: Michelle Zimmerman <m.zimmerman@rentonprep.org>
Sent: Sunday, February 27, 2022 12:47 AM
To: coronavirus@kingcounty.gov
Subject: In favor of continued universal masking for K-12

As a school leader of an independent school in King County who established layered countermeasures before any guidance was available, through peer-reviewed medical research, epidemiology advisors, immunologist advisors, and a 3-5 year plan based on historical data and timeframes seen in previous global pandemics, I am strongly in favor of maintaining universal masking in K-12.

When others told education to plan for a 2-3 week pause at the beginning of the pandemic, I was already planning long term as I was following the medical, historical, and rapidly emerging data. I knew this was not going to be over in 2-3 weeks. My transparent messaging since 2020, predicting the state of education over these past two years has played out accurately, because I have followed the advice of experts.

That advice is that BA.2 is potentially more contagious than BA.1. It may increase within the next month or two.

I have been striving for a balance between safety and stability for families and students.

Our safety plan included universal masking for this year even in July when the advice was masking and Covid testing would no longer be needed due to vaccination roll out. Had we removed masking to align with that short lived advice, requiring families to return again would have increased frustration and felt like a yo-yo.

We have immunocompromised students, family members and staff, children unable to be vaccinated due to risk factors such as Kawasaki disease with too great a risk of MIS-C, and a safety plan that has stood the test of these past two years with zero Covid transmission in our school, operating full day, 5 days a week in person since August 2020.

We take Covid seriously. It is not just a respiratory virus. Now that I understand far more about long Covid and am living the debilitating effects verified by bio markers (cytokine storms, platelet activation, long hauler index with quantitative data following J&J in the absence of any virus and negative nucleocapsid - I am one of these

<https://www.science.org/content/article/rare-cases-coronavirus-vaccines-may-cause-long-covid-symptoms>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.science.org%2Fcontent%2Farticle/rare-cases-coronavirus-vaccines-may-cause-long-covid-symptoms&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cda2ed6e70667427306ff08d9f9ceee15%7C11d>

) I know the severity of the debilitating impacts.

Mild cases can be life altering.

In the uncommon cases, so can vaccines.

Because vaccination for children is still under EUA it is not possible to legally mandate an unapproved product that is authorized for emergency use. (I have read the laws, and can provide them upon request). VICP is not in place as a safeguard for children and they're families. CACP has over 7,000 claims and still not one compensated. Until burden of proof is not placed on underserved populations, including immigrant families who do not speak English as a first language, the expectation for the burden of proof to be on the shoulders of people debilitated by long Covid or vaccination is unethical. Masking works. It provides a layered countermeasure for those unable to be vaccinated, for those who do not have an FDA approved vaccine for their age group and for everyone - who doesn't have a safeguard if something goes wrong, because safeguards do not yet exist accessibly for long Covid or vaccine SAE.

I have directly been in communication with Dr. Janet Woodcock, FDA, since October 2022.

Another safeguard that is missing is updated CDC guideline for clinicians to align with Brighton Collaboration definition and diagnostic criteria of MIS-C/MIS-A/MIS-V. Brighton Collaboration is used in vaccine clinical trials and is a trusted guideline.

<https://pubmed.ncbi.nlm.nih.gov/33640145/#:~:text=This%20is%20a%20Brighton%20Collaboration%20>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33640145/#:~:text=This%20is%20a%20Brighton%20Collaboration%20>

However, CDC is delayed in updating guidelines for doctors to recognize, identify, diagnose, leading to early intervention of MIS post injection, despite mandatory reporting of all cases of MIS post injection under EUA (all school age children under 16 are still under EUA, legally considered an "unapproved" product by FDA). It is currently impossible to diagnose and mandatory report any cases of MIS-V for adults or children as required by EUA, because thousands guidelines are delayed in update.

This creates a safety risk for children, families and schools, especially for vulnerable

families who are concerned there will be no help in the event of a non-zero risk of injury. No vaccine is 100% safe. This is based in science and data.

However, I am more concerned about Covid and children this year than I was last year, even if it is mild. I have a deeper scientific knowledge of long Covid.

There are still major gaps between research and access to the emerging data. I have a publication in progress that has passed editorial review, medical peer review, board review and will be a resource to bridge the gap, but in the meantime, with BA.2 projected to increase soon around the time March 21 expiration of universal masking, I believe it may be a premature decision that could leave vulnerable populations with the least access to healthcare and resources, more vulnerable than necessary.

I understand masks are not the most comfortable, but they do offer a layer of protection, even for those who have been vaccinated and boosted.

During omicron, all of our staff who were out sick (50%) acquired the virus during the holidays unmasked.

The 5 day CDC isolation guidelines do nothing align with data or real scenarios, as most of our fully vaccinated and boosted staff were still positive on day 9 + with symptoms that were not mild.

Children who tested positive and recovered within 90 days testing negative were in the household of another family member who tested positive. Had we followed CDC guidelines suggesting it wasn't possible for vaccinated child who already tested positive and recovered with a negative test to become positive again, and let that child continue coming to school without isolation, and more, unmasked, we would have had an outbreak, endlessly exposing our immune compromised School members to Covid and risk of long Covid.

Please, of King County prides itself on following science and data, please look at the loss emerging data before potentially prematurely dropping universal masking in K-12 schools.

And please, before any mandates exist for children, ensure safeguards exist for a minimum of:

1. Full FDA approval (not EUA, legally still an unapproved product)
2. VICP in place, a safeguard that doesn't leave the medical and legal burden of proof on underserved populations already burdened with bias in healthcare
3. Updated CDC diagnostic criteria to align with FDA used Brighton Collaboration

CICP is not a functioning safeguard. I know from personal experience and by following the data. Please do not point any family or school to that program until there is data and evidence that it is functioning and Covid-19 vaccines are added to the Table of Injuries. Currently they are not. Burden of proof is on the injured with no medical or legal support. Without background in medicine, legal and high level reading skills, that program has not chance at being accessible to underserved BIPOC communities, further widening equity gaps. I submitted 300 pages in October that firmly established proof of causation, and I received a call that my documents were lost and there was no recourse and no way to guarantee it would not occur again.

This is consistent with Seattle Times reporting:

<https://www.seattletimes.com/seattle-news/health/vaccine-injury-claims-could-face-bureaucratic-black-hole/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.seattletimes.com%2Fseattle-news%2Fhealth%2Fvaccine-injury-claims-could-face-bureaucratic-black-hole%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cda2ed6e70667427306ff08d9f9ceee15%7C11d0e>

This has been a known problem since at least 2020, but there is still no change.

Masking is the least risk, with greatest safeguard that is not moving against law (legally you cannot mandate EUA products, as all vaccines are for children under 16).

Even if all children were vaccinated, and no one was injured, it is still possible to contract new variants that evade immunity, or waning vaccine immunity. Yes, cases can be mild for respiratory conditions but not mild for vascular.

CDC is also delayed in updating the definition of COVID based on the data and the science.

Since 2020, scientific research has known COVID is more than a respiratory disease. It is also a vascular disease with multi-organ implication.

Three screen shots below show last updated date for COVID definition on CDC website, the known update in medical research, and still the definition.

This delay is contributing to the misunderstanding of the disease and what "mild" means.

FOIA received February 18, 2022 revealed this definition has not been updated still.

I will be happy to provide any other data to support my claims upon request, as well as epidemiologist perfected timelines for BA.2.

Of the options for risk mitigation with the least long-term risk, least cost, and least chance of long-term impact on healthcare is masking in K-12 schools.

Removing 3 or 6 foot distances makes sense with masks. Removing vaccine mandates for field trip venues makes sense (venues would not even allow students under 9th grade to come on site, negatively impacting the learning opportunities for children when masking would have provided more protection universally than those who were vaccinated and contagious asymptotically and spread Covid despite being vaccinated.)

Increasing normality while maintaining universal masking on the edge of a new BA.2 variant emergence is following the data, and not mandating EUA products is following FDA data and following the law. RCW 7, informed consent, even in emergency situations requires disclosure that vaccines for children are unapproved products under EUA and there are no safeguards when something goes wrong. Any encouragement of schools to mandate vaccination under those conditions is opening up schools to legal liability for not following RCW7.

Masking, can be removed at home. Long haul can't. Neither can vaccine injury. Doctors can't help in either of the latter. They say, "no one can help, it's too new." Even UW Long Covid clinic and researchers. I know from personal experience of over 11 months of extensive medical testing and zero underlying health conditions with research evidence of vaccine injury.

Until it's not "too new" for doctors to know how to help, for tests to be established, for CDC to update diagnostic criteria for MIS where doctors can follow the legal mandatory reporting of all cases of MIS post injection, and until there is a safeguard in place that can protect individuals from hundreds of thousands of dollars in medical bills that health insurance refuses to pay stating that vaccination is not part of Covid emergency orders, masking is the most effective safeguard with the least risks.

Do not widen the equity gap further.

Do not place even greater burden on our BIPOC community who is not seeing evidence of protection when something goes wrong with vaccination resulting in SAE or PASC-like symptoms or classic long Covid.

Sincerely,

Michelle Zimmerman, PhD
(University of Washington, 2011)

From: Cilla Matson
Sent: 2/22/2022 7:06:18 PM
To: DOH WSBOH
Cc:
Subject: TAG Meeting Feb24

External Email

I've been watching/listening to your last 2 Thursday meetings and will also be listening in on this coming meeting. I suggest leaving the chat on your zoom meeting open for comments and information! It just shows when you close the chat that you DON'T want to hear feedback from the public and you only want to provide your ONE SIDED VIEWS and opinions. The leadership of this TAG group should be ashamed of themselves!

No mandates for our kids!! Who are you working for? Your big pharma handlers or WE THE PEOPLE? It's clearly NOT we the people. Enough is enough. WE THE PEOPLE ARE PISSED OFF.

Cilla Matson
Concerned parent in Amboy, WA

From: dbt@tds.net Dusty Belcher Trucking Inc.
Sent: 2/17/2022 9:28:55 AM
To: DOH WSBOH
Cc:
Subject: Covid shots for children

External Email

WSBOH,

I am writing to you as a grandma of 4, soon to be 5, beautiful grandsons. I have been following the decisions you are working on as far as mandating Covid experimental vaccines for children to attend school. I am begging you to please slow down and wait until there is more data on the long term effects of this experimental vaccine, especially how the data collected so far is showing myocarditis in young males and reproductive problems in females. I understand that the adult version wants to piggyback on the children's authorization as far as not having to show the side effects and the fact that anyone would consider pushing this through to protect the company from liability is nothing less than shameful! Please don't introduce something into a child's body when they are working as they should and possibly create a problem with their systems. I also don't think you understand how many parents are very close to pulling their children out of the school system and this will put them over the edge. There will be more home schooling and moving to states that allow for healthy educational choices.

Furthermore the fact that young people have to wear masks to attend school is wrong. God gave us a mouth and nose to breath through. No one should have the right to stifle our oxygen intake at any time. It is, or should be criminal, and needs to be stopped yesterday. The data on making the children mask is showing way more negative effects then positive. It needs to be stopped!!!!

How about YOU follow the data and please stop harming our children and grandchildren.

Janette Belcher

From: Thomas Jonez
Sent: 2/24/2022 9:44:19 AM
To: DOH WSBOH
Cc:
Subject: High Zone Tolerance

External Email

Children are discussed specifically:

<https://rumble.com/vvpt5e-high-zone-tolerance.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0b32c6632c234f10998b08d9f7bd2cda%7C>>

Best regards,

Tom

Thomas D. Jonez
President

PlumblinClaims.com
Claim Investigation and Management
Division of Plumblin Management Corporation
Direct: (253) 571-9704

Sent from Mobile Device - please excuse typos

From: Testify Online Survey
Sent: 2/15/2022 11:24:30 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 24

2.

Agenda Item or Issue:

Immunization of children

3.

Your Name:

Karli

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2912 S Adams Rd

7.

Email:

karli.reed@gmail.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

This process has been one-sided and not taking any consideration for all sides. This has not been scientifically factual but instead regurgitating cdc and who information. There has been no consideration for natural immunity before or after the vax. This vax has been proven to ineffective as time goes on. It's time to drop this. Parents will not hesitate to withdraw their children if this goes forward. There will be a mass exodus out of the school and go underground. Protect the children over profit. This has been all about profit over the health of the people.

11.

Are you Pro or Con on the proposal?

2. Con

From: Christi Chang
Sent: 2/15/2022 7:32:47 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

Please do not require our children to have the covid shot. Across the world and the US, governments are rescinding the covid restrictions. Please do not go the other way and require our children to have this experimental shot.

Thank you,
Christi Chang
A mother and public school teacher

Sent from my Galaxy

From: Austin Smith
Sent: 2/18/2022 6:16:29 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: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:21:06 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\A49330F868024E30_20220221180644461.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:07 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).

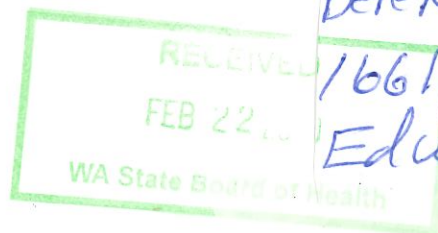
Scan Date: 02.21.2022 18:06:44 (-0800)

Queries to: ricoh@doh.wa.gov

Ms. Crawford,

Children must not be
forced to vaccinate for
COVID-19 as a condition
to attend school or daycare.
Children are at risk
from the vaccines but have
very small risk from
COVID-19.

Sincerely,
Derek Trial



Derek Trial
SPOKANE WA 990
16611 S. Carstens Rd
10 FEB 2022 PM 3 L
Edwall, WA 99008

2/22/2022

From: Debbie Smalley
Sent: 2/24/2022 10:51:03 AM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Do not mandate Covid-19 vaccine for our children. Just Do NOT!

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

[bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

[tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

[transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ce62911e6fb4643da807408d9f7c69a7)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: Sally Mickley
Sent: 2/16/2022 4:08:37 PM
To: DOH WSBOH
Cc:
Subject: no to vaccine requirement

External Email

To: Board of Health

I am deeply concerned about the proposal to require the vaccine for children to attend school. The number of injuries that are happening from this shot, heart inflammation in particular, is mounting. Statistics show that myocarditis and pericarditis numbers have skyrocketed from the normal baseline of such occurrences. Plus, the virus's risk for children is so incredibly small as to be non-existent, similar to the flu.

As mandates are being dismantled in other states, in Canadian provinces, in the extremely prudent nation of Switzerland, and around the world, to make this decision of forced vaccines is unneeded and offensive to your constituents.

Take a noble stand. Protect our children's health. No vaccine mandate.

Sally Mickley
709 Woodview Ct.
Lynden, WA. 98264

From: Linda Hagan
Sent: 2/17/2022 12:09:36 AM
To: DOR Kitsap County Leg Authority,DOH WSBOH
Cc:
Subject: Dr. Peter McCullough Interview with His Credentials



attachments\015A7EB6F8CF4B2A_IVM & HCQ Cures McCulough.jpg

External Email

'The vaccines should be pulled off the market, they clearly are not solving the problem' ~ Dr. Peter McCullough, the most highly published doctor in the USA (see his credentials below)

Read this excellent entire interview here:

<https://www.clarkcountytoday.com/news/dr-peter-mccullough-official-covid-narrative-has-crumbled/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews/dr-peter-mccullough-official-covid-narrative-has-crumbled%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C1>>

Academic History

Dr. McCullough attended Baylor University and graduated with a Bachelor of Science degree in 1984. He then attended the University of Texas Southwestern Medical Center, where he studied for his medical degree and graduated in June 1988. Following this, he undertook his residency in internal medicine at the University of Washington School of Medicine in Seattle, where he trained for 3 years.¹

Upon completing his residency in 1991, Dr. McCullough transferred to Grayling, Michigan, where he served for 2 years as an internal medicine attending at Mercy Hospital. Following his time at Mercy Hospital, he enrolled at the University of Michigan School of Public Health and studied a Masters degree in Public Health.

After he graduated from the University of Michigan School of Public Health in 1994, he became a fellow in cardiovascular diseases at the Beaumont Hospital in Royal Oak, Michigan.

Career Overview

Dr. McCullough joined the Henry Ford Heart and Vascular Institute in Detroit following his fellowship at the Beaumont Hospital, where he remained until 2000. He then moved to Kansas City, Missouri, to serve as Section Chief of Cardiology of the University of Missouri-Kansas City School of Medicine, Truman Medical Centers.

After his time in Missouri, Dr. McCullough returned to Michigan to serve as a Consultant Cardiologist at the Beaumont Hospital, and also as Chief, Division of Nutrition and Preventive Medicine Division of Cardiology. In 2010, following his stint at Beaumont

Hospital, he was appointed as the Chief Academic and Scientific officer of the St. John Providence Health System, also in Detroit. In 2014, Dr. McCullough joined Baylor University Medical Center as Vice Chief of Internal Medicine. He was also appointed Chief of Cardiovascular Research of the Baylor Heart and Vascular Institute, and Program Director of the Cardiovascular Disease Fellowship Program.²

Dr. McCullough is recognized internationally as a leading figure in the study of chronic kidney disease as a cardiovascular risk state, having over 1,000 publications to his name and over 500 citations in the National Library of Medicine.³ He is also a founder of the Cardio Renal Society of America

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cardiorenalsociety.org%2F&>, which is a group that dedicates itself to bringing cardiologists and nephrologists together to work on the increasing global issue of cardiorenal syndromes. He is the Co-Editor of Reviews in Cardiovascular Medicine and is also currently serving as the Chair of the National Kidney Foundation's Kidney Early Evaluation Program (KEEP), the largest community screening effort for chronic diseases in America.⁴

Career Timeline

- * 1984: Graduated from Baylor University with a Bachelor in Science
- * 1988: Graduated with a medical degree from the University of Texas Southwestern Medical School
- * 1991: Completed his residency at University of Washington School of Medicine
- * 1991: Dr. McCullough begins his period as a medical attending at Mercy Hospital
- * 1993: Studies his Masters degree in Public Health at the University of Michigan School of Public Health
- * 1994: Begins his fellowship in cardiovascular diseases at the William Beaumont Hospital
- * 1997: Joins the Henry Ford Heart and Vascular Institute
- * 2000: Appointed to serve as Section Chief of Cardiology of the University of Missouri-Kansas City School of Medicine, Truman Medical Center
- * 2002: Made a Consultant Cardiologist and Division Chief of Nutrition and Preventive Medicine at the William Beaumont Hospital
- * 2010: Serves as the Chief Academic and Scientific officer of the St. John Providence Health System
- * Current: Joined Baylor University Medical Center as Vice Chief of Internal Medicine and Chief of Cardiovascular Research of the Baylor Heart and Vascular Institute

Recognition

Dr. McCullough received the International Vicenza Award for Critical Care Nephrology for his outstanding work and contribution in the area of cardiorenal syndromes. He has also been a recipient of the Simon Dack Award from the American College of Cardiology, and his works have appeared in the New England Journal of Medicine, Journal of the American Medical Association, and other prestigious journals worldwide. He has been an invited lecturer at the New York Academy of Sciences, the National Institutes of Health, the U.S. Food and Drug Administration (FDA), the European Medicines Agency, and the U.S. Congressional Oversight Panel.⁵

Areas of Speciality

* Coronary Artery Disease

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.radcliffecardiology.com%2Fcoronary-artery-disease&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

* Chronic Kidney Disease as a Cardiovascular Risk State

* High Blood Pressure

* High Cholesterol

* Hypertension

* Sports Cardiology

References

1. <https://www.linkedin.com/in/peter-mccullough-0842a070/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fin%2Fpeter-mccullough-0842a070%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

2. <https://www.cardiometabolicealth.org/peter-mccullough.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cardiometabolicealth.org%2Fpeter-mccullough.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

3. <https://www.cardiometabolicealth.org/peter-mccullough.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cardiometabolicealth.org%2Fpeter-mccullough.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

4. <https://www.cardiorenalsociety.org/what-we-do.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cardiorenalsociety.org%2Fwhat-we-do.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

5. <https://health.usnews.com/doctors/peter-mccullough-304612>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealth.usnews.com%2Fdoctors%2Fpeter-mccullough-304612&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

See this link for Dr. McCullough's Qualifications:

<https://www.uscjournal.com/authors/peter-mccullough>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.uscjournal.com%2Fauthors%2Fpeter-mccullough&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6769f82c246d4c901f2f08d9f1ec9e00%7C11d0e2>

From: Hoff, Christy Curwick (DOH)
Sent: 2/17/2022 12:04:41 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent concern



attachments\78391A7ABBE84B61_f3150d75-4c8d-4744-9677-9f942b96a35e.jpg

From: Jen Edington <jenedington@gmail.com>
Sent: Thursday, February 17, 2022 11:08 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Parent concern

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: John and Wendy Santamaria
Sent: 2/24/2022 10:50:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9685897e1df1488ab44e08d9f7c67aa5%70>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9685897e1df1488ab44e08d9f7c67aa5%70>>

Reason 3: The Vaccine does not reduce transmission: <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%7C9685897e1df1488ab44e08d9f7c67aa5%70>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Wendy Santamaria

From: Merilla Hopkins
Sent: 2/25/2022 2:15:05 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: Debra MacCracken
Sent: 2/17/2022 5:38:04 PM
To: DOH WSBOH
Cc:
Subject: NO forced Covid vaccinations for school aged children

External Email

Board of Health Members:

Please DO NOT add Covid-19 injections to school immunization requirements.

There are still MANY unknowns about the vaccines and it is NOT worth the risk to our kids.

It's a known fact that more kids have died from influenza in 1 year than from Covid and we don't require influenza shots.

I feel this is a government power grab and a BIG PHARMA money grab. QUIT trying to force bad policies & unnecessary requirements on us!

Debra MacCracken

Snohomish, WA 98296

From: Pskowski, Samantha L (SBOH)
Sent: 2/16/2022 10:40:22 AM
To: DOH WSB OH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:39 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Pskowski,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA.

The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine.

Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Dick Davenport
Sent: 2/15/2022 8:09:19 PM
To: DOH WSBOH
Cc:
Subject: CHILD VAX AND MASK MANDATES

External Email

We want the governor to cancel all vaccine mandates for children and all mask mandates for all Washington citizens. He has always said he was following the science. He is not following the correct science and is acting like a dictator. We want him stopped.

Thank you.

Dick Davenport

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: Michelle Chappell
Sent: 2/26/2022 6:08:11 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: Hoff, Christy Curwick (DOH)
Sent: 2/16/2022 3:09:03 PM
To: DOH WSOH
Cc:
Subject: FW: Public Comment for State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022

From: Kurt Hatlestad <kmhatlestad@gmail.com>
Sent: Wednesday, February 16, 2022 3:06 PM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@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: 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

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F98963fd7-619d-428f-a513-3cdeb6e1eb20>
for Windows

From: Lucy
Sent: 2/23/2022 9:13:01 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: Nicholas Day
Sent: 2/23/2022 8:13:44 AM
To: Schulz, Tina, Winney, Anna, mdower@oesd114.org, Reykdal, Chris (DOHi), PublicRecordsRequest, glynch@oesd114.org
Subject: Student Assistance Professional



attachments\EDE5D6AAF8CC41E5_job.jpg

External Email

Dear OSPI / Department of Health Washington State / Gregory Lynch:

It is my contention that your office in association with the ESD 114 is placing staff members that are not qualified counselors in positions that require qualified counselors. Below you will see the duties that these staff will be involved in at public schools. What will happen if a child with mental health issues receives counseling from a staff member that is not qualified to provide counseling and this child then takes some sort of action that causes them harm? What if this child attempts suicide? Just last month there was a child in Clallam County that attempted suicide and is now back in school in a wheel chair after spending weeks at Harborview. Who will be responsible for this type of result? Furthermore, what does this say to those counselors that have taken the time to earn their credentials and are qualified to counsel mentally impaired children? You folks in my opinion are making a huge mistake in this position unless you are ensuring that your staff members are fully qualified. I am requesting to receive a response to this very important concern and intend to reach out further to ensure that this issue is well known and being taken very seriously.

Respectfully Concerned,

Nicholas Day
446 Fern Road
Port Angeles, WA 98362
360-808-5729
daynick456@gmail.com <mailto:daynick456@gmail.com>

From: Robert Holte
Sent: 2/18/2022 4:42:22 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: Chan & Patti Bailey
Sent: 2/21/2022 9:31:46 AM
To: DOH WSBOH
Cc:
Subject: 02/24/2022 TAG Meeting - Questions

External Email

Criteria # 7. "Vaccine ... acceptable to the medical community and the public."

1) What outreach was done to members of the medical community that disagree that the vaccine is "acceptable" for use in a mandatory manner for children? Will the presenters even share that there are differences of opinion - and why the differences exist? Will both sides be given fair representation?

2) What outreach has been done to measure the acceptance of the shots of the public?
What were the results?

* The "What barriers are there" survey that assumes everyone wants the shots does not count. That survey did not ask if a person was for or against the shots and proposed requirement, and did not adequately provide a place for comments along that line. The only place the "What barriers" survey might be applicable is the discussions of Criteria #8 & #9.

Chan Bailey (509) 991-7637
PO Box 307
Colbert, WA 99005

From: DOH COVID Vaccine
Sent: 2/24/2022 7:38:17 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccine

Public Comment

From: Brittany Paul <brittanylpaul@yahoo.com>
Sent: Tuesday, January 11, 2022 9:51 AM
To: DOH COVID Vaccine <COVID.Vaccine@doh.wa.gov>
Subject: Covid vaccine

External Email

Thank you for trying to do your best to keep washington healthy. Please note that even you need to recognize limitations and lines that are unnecessary to cross with the covid vaccine mandate. Also please pay attention to science. The covid vaccine should not be made mandatory for children. I and my husband have been vaccinated. Why? Because we follow the science. But are you? To mandate the vaccine for children means you are choosing to turn a blind eye to science and are giving into political pressure. Do you know how many of my friends have moved already because of the fear that Washington will follow their good buddy state of California in mandating this vaccine??? Same up!!! Stop living in fear. Please please do not mandate the vaccine. Let parents do what they feel is best. Stop taking control.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

From: L J
Sent: 2/16/2022 10:05:59 PM
To: DOH WSBOH
Cc:
Subject: mandatory vaccination of Covid on school children

External Email

Dear Board of Health members,

I highly oppose the action of making it mandatory for children to be vaccinated with the Covid shots as a requirement to attend school. This is an experimental authorization vaccine and you are pushing forward with this effort before all of the data is available. If you mandate this and children receive the vaccine and then it turns out that children are dying as a response to this vaccine then you each will be liable personally as a board member who made this decision.

Already children are having adverse effects and these show up in the VARES reports. Myocarditis is not common among young children and yet those who have been vaccinated with Covid vaccines are experiencing this adverse reaction. Children are at low risk from Covid, but at high risk of adverse effects from the Covid vaccine.

Please take heed and actually think about what is best for our children as they are counting you to have their best interest at heart.

Sincerely,
Lorna R. Johnson, grandmother

From: Matthew Petroski
Sent: 2/20/2022 8:59:14 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Kelley Flaherty
Sent: 2/23/2022 8:30:18 PM
To: DOH WSBOH
Cc:
Subject: No mandated Covid-19 Vaccines for School Children

External Email

Dear Board of Health,

It is imperative that the experimental Covid-19 vaccines are not added to the schedule of required immunizations for school children. The long-term health affects are unknown. It is not correct to say they are "safe and effective." There have been thousands of deaths, hospitalizations, and injuries reported to VAERS.

Sent from my iPad

From: P D
Sent: 2/17/2022 9:32:12 AM
To: DOH WSBOH
Cc:
Subject: Vote NO!

External Email

This vaccine is not making a difference in our community. Forcing parents to unwillingly vaccinate their children in order for them to attend school is all about power and control. A 2nd grader just died of a heart attack, how many more young children need to die before we stop talking about forcing the vaccine on people. It should be a choice. This vaccine does NOT prevent contracting or spreading covid. The flu shot is NOT required because it also does not prevent contracting or spreading the flu. Our youth is NOT at risk for serious complications.
Again, the vaccine is not a preventative measure.

Do not force this on parents and children.

Thank you

Presca DiOrio

From: Julie Necco
Sent: 2/16/2022 10:20:28 PM
To: DOH WSBOH
Cc:
Subject: Required Covid Shots for school children

External Email

I urge you not to pursue requiring school children take the covid shot as they are at very little risk from this virus yet the shot has not had near enough research completed to truly know whether this is safe for use in children.

Julie Necco

Anacortes

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: Michael Babbitt
Sent: 2/17/2022 2:58:22 PM
To: DOH WSBOH
Cc:
Subject: No to mandatory vaccinations of school children

External Email

Okay, below are the points against, plain and simple. My main question is: Why in the world would any adult want to give children who are hardly likely to get a serious case of Covid, a vaccine that may harm more of them than help and which has no data past 2 years? What kind of human beings even consider this?

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Michael B. Babbitt
Don't ever take a fence down until you know the reason it was put up.
G. K. Chesterton

From: gateaux-voltage-0t@icloud.com
Sent: 2/24/2022 10:49:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca70b32e60e5b4a0c057308d9f7c652>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca70b32e60e5b4a0c057308d9f7c652>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca70b32e60e5b4a0c057308d9f7c652>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

From: Regan Peek

Sent: 2/16/2022 9:21:51 AM

To: Tanya

Goodman,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)

Subject: BIPOC children don't want to wear facial coverings either!

External Email

All,

We are a multi-ethnic / BIPOC family with a child in the LWSD. Just thought I had to mention that considering that there are some political players trying to turn this issue into a racial one, which it isn't.

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.

From: Michael Gilbert
Sent: 2/20/2022 3:43:31 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: Rich Filori
Sent: 2/22/2022 4:36:22 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I see the agenda for the TAG Zoom meeting. And, to no surprise, it's more of the same. All how reasonable and acceptable to enforce a vaccine mandate is going to be. Where's the part where parent input is gathered? I don't see it. Where is the part about whether or not it's really such a necessity for our society that we force injections that have not stood the test of time into children? I don't see that either.

There is not enough time and data gathered at this time to enforce a vaccine mandate for children, or anybody, for that matter. Please do not enforce, or HIGHLY RECOMMEND, a vaccine mandate for schools. You will effectively be pushing thousands and thousands of students out of public education. And, that's where I want my children to be. However, if a vaccine mandate is enforced, my kids will be out of public education immediately.

Thank you,

Rich Filori

From: jillayne j
Sent: 2/17/2022 7:42:58 AM
To: DOH WSBOH
Cc:
Subject: Meeting today at 9am

External Email

I am a parent of 3 Puyallup school district children and it is a firm no for me on making the covid vaccine mandatory. It should be treated like the flu vaccine. Optional. I will pull all 3 of my kids out of school if this is made mandatory, I already have a new remote job I start in a few weeks and curriculum I would use. I am also ready to take our family out of this state if necessary, removing over 800k in taxable income from Washington. Respect all families, you represent all of us, optional makes it so those that want it can get it and those that don't won't be faced with these decisions of leaving or home schooling. I will be present in the web meeting this morning. Please consider all Washington families, not just the ones that align with your views.

Jillayne MacDonald

From: Sheila Schweizer
Sent: 2/16/2022 8:10:00 PM
To: DOH WSBOH
Cc:
Subject: Please DO NOT make the Covid-19 injection a school requirement

External Email

Dear WA State Board of Health,

As a concerned citizen and registered voter in the state of Washington, I would like to voice my extremely strong opposition to requiring the Covid-19 injection for school-age children. The reasons for my opposition include:

1. This vaccine has emergency use authorization only; it's safety has not withstood the stand of 5-10 year's time, which is the standard time that full clinical trials take to show adequate safety. Some risks to this injection may not show up until years to come.
2. There are many documented cases of Covid vaccine-related adverse events, more than with any vaccine in history, including myocarditis in children, especially boys. The vaccine presents a permanent risk to children's cardiovascular, immune, nervous, and reproductive systems.
3. Children are at a very low risk from Covid-19 and its mortality rate in school-age children is very, very low.

Thank you in advance for your serious consideration of these grave concerns.

Sincerely,

Sheila Marie Schweizer
3711-116th St SE
Everett, WA. 98208

From: norskypapa
Sent: 2/16/2022 5:53:06 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID-19 injection for School Children

External Email

Dear Board Members,

I am at a loss to understand where you think you get the authority, to take away the right of my children, to build up their own immune system in a manner we see best for them!

We have a God given right to autonomy, liberty and freedom! This is codified in both the Washington State and United States Constitutions.

We have always been able to determine what is the best interest for our children, and this tendency toward Socialism is repugnant to the laws of the United States! So STOP IT!

I listened to you informing the citizens a few weeks ago, that your Board of Health were NOT, NOT, NOT, considering this recommendation for the COVID-19 shot. "It was some false information going around on social media!"

"I know not what road others might take, but for me, GIVE ME LIBERTY OR GIVE ME DEATH!"

Sincerely,
Kory Slaathaug

From: Fawn Schumaker
Sent: 2/17/2022 3:29:34 PM
To: DOH WSBOH
Cc:
Subject: DO NOT -Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

External Email

There are so many reasons why this is such a bad idea, but here are just a few.

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. -this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment. -the vaccine presents more risk to children than Covid-19 -there are many documented cases of myocarditis in children, especially boys, related to the shots -the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children. -children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids. -more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

For the future of the children in our state, please do not Include the Covid-19 injections as part of school immunization requirements using WAC 246-105..

Fawn Schumaker
(425)876-3431
Everett, WA 98208

From: Valerie Hunt
Sent: 2/24/2022 1:40:15 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Many HCP's will not write an exemption. Vaccines are available in many areas not just their HCP.

I am concerned that if the COVID vaccine is required it will lead to an increase in exemptions to other vaccines as well.

From: Joe Ollom
Sent: 2/15/2022 6:50:01 PM
To: DOH WSBOH
Cc:
Subject: Vax mandates for schools

External Email

Please do not include the experimental MRNA "vaccine" as a requirement for school. I have 3 children in the Everett school district and I am very happy with the education they are receiving. We are not anti-vax and my children are fully vaccinated but this experimental Covid vax is causing many harmful side effects such as myocarditis and with the latest data from the CDC it is shown not prevent anyone from getting, OR spreading Covid. If this becomes mandatory we will move out of Washington state. Thank you for your time and consideration

Sent from my iPhone

From: Joshua Hardwick
Sent: 2/21/2022 8:39:20 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Joshua Hardwick
"

Sent from ProtonMail mobile

From: Kay Hall
Sent: 2/16/2022 8:03:36 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 shots for school immunization

External Email

As a parent of three children I am capable, confident and don't want the government interfering with the immunizations of my children..government do government work, parents be good and informed parents, and with all of us doing what is right we will all survive in love and peace, without any government intervention! Maybe after 10 years of study about this immunization you can revisit this issue. Thank you for being reasonable with logic.

From: Jeremy Munn

Sent: 2/15/2022 11:49:11 PM

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)

Subject: Make Masks Optional in Schools

External Email

Hello,

With the science proving that masks are ineffective and children are not at high-risk of serious COVID conditions it is time for you to follow the rest of the country and drop the mask requirement in schools immediately. Masking children at school is not saving lives and instead is harming their educational, social, and emotional development.

Make masks optional, as there are plenty of solutions for any concerned parents to voluntarily mask, vaccinate, or choose remote schooling for their children. Please don't continue forcing an outdated mandate on the rest of our children that no longer wish to wear masks and simply want to see the faces of their friends and teachers.

Thank you,

Jeremy Munn

3rd Grade Parent - Bellevue, WA

From: Tyler Covich
Sent: 2/18/2022 7:45:25 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: Chad Brink
Sent: 2/26/2022 2:12:46 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: Pam Auerbach
Sent: 2/26/2022 8:56:02 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

I'd like to express my extreme disappointment that the TAG did not endorse the covid vaccine for school children for the coming school year. It is short sighted and a sign of weakness, cowing to the pressures of people who feel that their personal right to infect their neighbor supersedes the health and safety of the young, old, immunocompromised, and those not yet diagnosed with heart or lung conditions. We should be able to trust that our educators and their advisors understand what is best for our children and communities, and model being "upstanders," because it is the right thing to do. This vaccine has been proven to significantly reduce the transmission of an illness that has kept our children out of school, caused them to lose parents, grandparents and caregivers and has left many in the population with long Covid symptoms that will present challenges for years to come. Additionally, we have lost too many teachers who have resigned or retired out of fear of illness - how many more do we have to lose to convince the powers that be that the vaccines are necessary? How can we claim to educate the children of the misinformed if we don't stand by science? All of the metrics point in one direction and instead emotion and fear drive the decisions of the people who are supposed to know better.

As for the complexities of implementing the vaccine mandate statewide, there are many options that could be employed, including:

1. Requiring vaccinations in the most populous or dense counties, including King, Snohomish and Pierce counties, where risk is greatest.
2. Providing support in terms of people power to vaccinate and audit the records.
3. Vaccine requirements vs recommendation by grade level - require vaccinations for kindergarteners, 6th and 9th graders in 2022-2023 school year and requiring the vaccine for all students when it is fully approved.
4. Requiring the vaccine for all students ages 12 and older and requiring it for all students when the vaccine is fully approved.
5. Allowing personal exemptions for the Covid vaccine in children, so that parents who really object can just have their "doctor" sign off.
- 6.

I am the staff member in my school who is responsible for our Covid testing program (we screen students and staff regularly), arranged for our student vaccine clinics and orders our staff PPE. I know that our staff has been waiting for and expecting our state to mandate the vaccine, in order to feel supported. Thank you.

Pam Auerbach
The Jewish Day School
15749 NE Fourth Street
Bellevue, WA 98008

Frontoffice@jds.org
www.jds.org

From: Curtis Stahlecker
Sent: 2/20/2022 6:08:42 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Curtis D. Stahlecker

From: Bergener, Terry (DOH)
Sent: 2/16/2022 6:47:26 AM
To: DOH WSBOH
Cc:
Subject: Comments re: COVID Vaccine for Kids



attachments\C61FFBA56A1B48D7_2022.02.15_randall_SBOH_TAG.pdf

From: Christina Riley
Sent: 2/23/2022 9:37:48 AM
To: DOH WSBOH
Subject: DOH TAG Meeting

External Email

Hello,

☐ Thank you for the follow up. I did have a few questions, in addition to the ones I have already submitted.

☐

☐ In the first tag meeting this month, there were 3 guest speakers. I found it quite interesting that 2 of those 3 speakers who were relaying the information for the Tag committee members to consider when making a decision on whether or not to approve the bullet points for the day's topic, were veterinarians. Could you please explain to me as to why veterinarians are being the fact and data experts on inoculation of our children? Eric Lofren's presentation was on powerpoint letter head for College of Veterinary Medicine. Although they discussed having experience in epidemiology, they also explained that they worked with animals, not humans. I find this very perplexing as to why the State Board of Health would find this appropriate, and I am in disbelief that a veterinarian could have the same value as a pediatrician, or other HUMAN healthcare official.

☐

☐ Please explain the reasoning behind your "subject matter experts" that are licensed veterinarians.

☐

☐ In addition, I would like to know the process as to which the Tag committee members were selected, as I do not see representation from my community.

☐

☐

☐

Thank you,

☐ Christina A. Riley

☐ 360-620-0530

☐

From: Devan Sweeney
Sent: 2/24/2022 10:17:48 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd816ba9a6df44fa00e7c08d9f7c1f475>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd816ba9a6df44fa00e7c08d9f7c1f475>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd816ba9a6df44fa00e7c08d9f7c1f475>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Devan Sweeney
Tacoma, Wa

From: Debra Wells

Sent: 2/24/2022 1:39:05 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),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: Fully Licensed shots for the Covid Vaccines

External Email

The fully licensed covid vaccines are not available to the public, regardless of age. When someone goes to get the covid vaccine, only the EUA product is available and not the fully licensed product.

Debra Wells

On Thursday, February 24, 2022 11:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

With the information that has come out in the last several months would indicate that trust in the CDC and NIH should be limited as the CDC has been withholding information concerning the covid vaccines effectiveness and safety. Also, with the revelation that the NIH knew that covid came from a lab leak and lied to the entire country/world about it. The withholding of this information has stolen our ability to make wise decisions concerning our health and even limited our health providers ability to advise us with what we should do. These lies and withholding of information also continues to damage the trust in the medical community and institutions as a whole. The mentality of "Do what I tell you to do because it is good for you" doesn't work. Since the roll out of the vaccines, it really only takes one person in a family to be injured or die for the entire family to become hesitant in the vaccine. Even if the doctors and experts tell them that it's unrelated, the families know more about their family members health than even the doctors, to include vaccine status. Therefore, legitimate concerns arise and ignoring these concerns and minimize them only create more distrust and hesitancy. All in all, the best thing to do is to be completely transparent and tell the truth. Share all the data so that people can make the best decision for themselves.

Debra Wells

On Thursday, February 24, 2022 10:01 AM, Debra Wells
<debrakwells@startmail.com> wrote:

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%7Cf42aa35910ca40cb45c3>

Translated article

This is a machine translation of a good summary (Tichys Einblick)

<https://www.tichyseinblick.de/daily-es-sentials/krankenversicherung-alarm-impfnebenwirkungen/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tichyseinblick.de%2Fdaily-es-sentials%2Fkrankenversicherung-alarm-impfnebenwirkungen%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7c>>

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.

Vol. 71, January 28, 2022

Title : MMWR. Morbidity and mortality weekly report,

and Prevention (U.S.)

Corporate Authors(s) : Centers for Disease Control

Published Date : 01//28/2022

; v. 71, no. 4

Series : MMWR. Morbidity and mortality weekly report

URL : <https://stacks.cdc.gov/view/cdc/113858>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113858>>

Vaccination Status and
York, May–November 2021

COVID-19 Cases and Hospitalizations by COVID-19
Previous COVID-19 Diagnosis — California and New
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;

Briggs-Hagen, MD⁴; Dina Hoefer, PhD²; James P. Watt, MD¹; Benjamin J. Silk, PhD⁴;
Seema Jain, MD¹; Eli S. Rosenberg, PhD^{2,3}
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=040122>>).
)

COVID-19–
COVID-19,
vaccination
that causes
(1,2); among those

By November 30, 2021, approximately 130,781
associated deaths, one in six of all U.S. deaths from
had occurred in California and New York.*COVID-19
protects against infection with SARS-CoV-2 (the virus
COVID-19), associated severe illness, and death

confers protection against severe outcomes in the event of reinfection (3,4). The vaccine-derived relative magnitude and duration of infection- and health planning and protection, alone and together, can guide public primary COVID-19 epidemic forecasting. To examine the impact of COVID-19 vaccination and previous SARS-CoV-2 infection on surveillance, incidence and hospitalization rates, statewide testing, New York and COVID-19 immunization data from California and analyzed. (which account for 18% of the U.S. population) were considered: persons Four cohorts of adults aged ≥ 18 years were laboratory-confirmed who were 1) unvaccinated with no previous completion COVID-19 diagnosis, 2) vaccinated (14 days after previous of a primary COVID-19 vaccination series) with no COVID-19 diagnosis, 3) unvaccinated with a previous 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

hospitalization
 relationships
 persons without a previous COVID-19 diagnosis,
 rates in California followed a similar pattern. These
 * 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%7Cf42aa359

predominant
 late June and July.
 COVID-19 cases
 COVID-19
 without a previous COVID-19 diagnosis
 among both
 29.0-fold
 unvaccinated
 (California) and
 with a previous diagnosis of COVID-19. During the same period, compared
 without a
 California
 that vaccination protects against COVID-19 and related hospitalization, and
 reinfection and
 protection
 predominant, a time when
 because of
 Similar cohort
 assessed, as new variants, including
 variants,
 SARS-CoV-2
 persons should
 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

changed after the SARS-CoV-2 Delta variant became
 (i.e., accounted for >50% of sequenced isolates) in
 By the week beginning October 3, compared with
 rates among unvaccinated persons without a previous
 diagnosis, case rates among vaccinated persons
 (New York) lower; rates were substantially lower
 groups with previous COVID-19 diagnoses, including
 (California) and 14.7-fold lower (New York) among
 persons with a previous diagnosis, and 32.5-fold
 19.8-fold lower (New York) among vaccinated persons
 with hospitalization rates among unvaccinated persons
 previous COVID-19 diagnosis, hospitalization rates in
 followed a similar pattern. These results demonstrate
 that surviving a previous infection protects against a
 related hospitalization. Importantly, infection-derived
 was higher after the Delta variant became
 vaccine-induced immunity for many persons declined
 immune evasion and immunologic waning (2,5,6).
 data accounting for booster doses needs to be
 Omicron, circulate. Although the epidemiology of
 COVID-19 might change with the emergence of new
 vaccination remains the safest strategy to prevent
 infections and associated complications; all eligible
 be up to date with COVID-19 vaccination. Additional
 the virus and immunity levels change.
 Four cohorts of persons aged ≥ 18 years were

assembled via

reporting databases and state-specific immunization information systems.[†]

the California Immunization

San Diego Immunization

COVID Reporting System

systems include Citywide

Immunization Information

Clinical Laboratory Reporting

between the immunization and

exact match for zip code and

name. New York data were

algorithm based on first

person-level 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

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

without a previous diagnosis was derived by

observed groups from U.S. Census estimates.^{††} To

each defined cohort, persons who received a COVID-

diagnosis during March 1–May 30, 2021, or who died

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

2021. During May 30–November 20, 2021, incident

30–November 20,

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 from the New York Electronic Clinical Laboratory 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 of previous COVID-19 laboratory-confirmed infection. § For both classification into cohorts of persons with CoV-2 nucleic acid diagnoses and for measuring incident cases, New York and NAAT was defined as the receipt of a new positive SARS-amplification test (NAAT) or antigen test (both for 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
Census population
other COVID-19

to exclude deaths in each
deaths were removed

unvaccinated persons with a previous

<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>

product.

The

Institutional

surveillance

therefore,

analysis were

diagnosis;

New

COVID-19

were vaccinated and had a previous

with a

19

355,819 in

previous COVID-19 diagnosis to incident diagnosis were slightly

state's

Center for Health Statistics Bridged Race file for U.S.

estimates were used in New York, consistent with

surveillance reporting.

§§ In California, a person-level match was performed

cohort before May 30, 2021. In New York, COVID-19

in aggregate from the starting number of

COVID-19 diagnosis on May 30, 2021.

¶¶

of previous diagnoses and primary series vaccine

SAS (version 9.4; SAS Institute) and R (version 4.0.4;

R Foundation) were used to conduct all analyses.

review boards (IRBs) in both states determined this

activity to be necessary for public health work, and

it did not require IRB review.

Approximately three quarters of adults from California

(71.2%) and New York (72.2%) included in this

vaccinated and did not have a previous COVID-19

however, 18.0% of California residents and 18.4% of

York residents were unvaccinated with no previous

diagnosis (Table 1). In both states, 4.5% of persons

COVID-19 diagnosis; 6.3% in

California and 4.9% in New York were unvaccinated

previous diagnosis. Among 1,108,600 incident COVID-

cases in these cohorts (752,781 in California and

New York), the median intervals from vaccination or

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

U.S. Department of Health and Human Services region

(June 26 in Region 9 [California] and July 3 in Region

[New York]),*** the highest incidence was among

unvaccinated

during this

groups

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%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

<https://stacks.cdc.gov/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

30, 2021,

unvaccinated

COVID-19

(New York)

diagnosis;

York) lower

19

York)

COVID-19

(97% in

increased

previous

and

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%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

<https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

.

of

tracker/#variant-proportions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11

persons without a previous COVID-19 diagnosis;

time, case rates were relatively low among the three

with either previous infection or vaccination and were

among vaccinated persons without a previous COVID-

19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/>

cdc/113253) (Supplementary Figure 2,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

view/cdc/113253). During the week beginning May

compared with COVID-19 case rates among

persons without a previous COVID-19 diagnosis,

case rates were 19.9-fold (California) and 18.4-fold

lower among vaccinated persons without a previous

rates were 7.2-fold (California) and 9.9-fold (New

among unvaccinated persons with a previous COVID-

diagnosis and 9.6-fold (California) and 8.5-fold (New

lower among vaccinated persons with a previous

diagnosis (Table 2).

As the Delta variant prevalence increased to >95%

Region 9 and 98% in Region 2 on August 1), rates

more rapidly among the vaccinated group with no

COVID-19 diagnosis than among both the vaccinated

unvaccinated groups with a previous COVID-19

diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/>

cdc/113253) (Supplementary Figure 2,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

gov/view/cdc/113253). For example, during the week

*** [https://covid.cdc.gov/covid-data-](https://covid.cdc.gov/covid-data-tracker/#variant-proportions)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11>

data-tracker%2F%23variant-

proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11

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.

persons
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 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 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

predominant.

rates among

diagnosis,

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

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Department of Health and Human Services/Centers for Disease Control and Prevention

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
persons with a
lower (95% CI = 29.2–85.8) among vaccinated
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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Services/Centers for Disease Control and Prevention MMWR / January 28, 2022 / Vol. 71
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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, P
 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-](https://covid.cdc.gov/covid-data-tracker/#variant-proportions)
[tracker/#variant-proportions](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23variant-)
[<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-
 data-tracker%2F%23variant-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23variant-)

proportions&data=04%7C01%7Cwsboh%40sbobh.wa.gov%7Cf42aa35910ca40cb45c308d9f7ddb835%7C11

COVID-19-associated hospitalizations per 100,000 person-days visualized at midpoint of each reporting interval.

Department of Health and Human Services/Centers for Disease Control and Prevention
Morbidity and Mortality Weekly Report
130 MMWR / January 28, 2022 / Vol. 71 / No. 4 US
Summary
What is already known about this topic?
Data are limited regarding the risks for SARS-CoV-2
infection and
previous infection.
hospitalization after COVID-19 vaccination and
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 reinfection. that surviving a previous infection protects against a

after the Importantly, infection-derived protection was greater

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

and circulation of new SARS-CoV-2 shifted substantially over time with the emergence of new 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****

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

studies have only by time since previous diagnosis, although earlier 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%](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 diagnosed cases that the ratio of actual (presumptive) infections to 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://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%2F](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%7Cf42aa35910ca40cb45c308d9f7ddb835%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
infections,
Primary
doses are
Immunization
date with

robust protection against initial infection, severe illness, hospitalization, longterm sequelae, and death.***** Additional recommendations for
virus and

Rebecca
Health; Citywide
Department of

safest and primary strategy to prevent SARS-CoV-2
associated complications, and onward transmission.
COVID-19 vaccination, additional doses, and booster
recommended by CDC's Advisory Committee on
Practices to ensure that all eligible persons are up to
COVID-19 vaccination, which provides the most
immunity levels change.

Acknowledgments
Dana Jaffe, California Department of Public Health;
Hoen, Meng Wu, New York State Department of
Immunization Registry Program, New York City
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->

[aier.org/article/all-cause-mortality-in-the-united-](https://www.bmj.com/content/361/bmj.n2875)

[aier.org/article/all-cause-mortality-in-the-united-](https://www.bmj.com/content/361/bmj.n2875)

January 30, 2022

0KGgoAAAANSUhE

0KGqoAAAANSUhE

9

<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%7Cf42aa35910ca40
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%7Cf42aa35910ca40cb45c308d9f7ddb835%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%2Fncchs%2Fnvss%2Fdata%2Fdeaths%2Fdeaths.html>
 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%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?

<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> 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%7Cf42aa35910ca40cb45c308d9f7ddb835%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.

children under 18. Please vote NO on requiring Covid vaccines for

Debra Wells

From: Dave Strakele
Sent: 2/24/2022 12:12:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f428d5d202340504c5108d9f7d1f5b)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

David Strakele

Sent from my iPhone

From: Valerie Hunt
Sent: 2/24/2022 12:17:42 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Would they accept titer?

From: Gail Molina
Sent: 2/24/2022 1:37:48 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9094625bf80449bf4c2e08d9f7dde5d8%7C>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9094625bf80449bf4c2e08d9f7dde5d8%7C>

Reason 3: The Vaccine does not reduce transmission: <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%7C9094625bf80449bf4c2e08d9f7dde5d8%7C>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Gail

From: G.E. Moon II
Sent: 2/16/2022 3:14:58 PM
To: DOH WSBOH
Cc:
Subject: I Oppose

External Email

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/17/2022 9:09:28 AM
To: DOH WSBOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

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

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:41 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Donahoe,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Vanessa Cress
Sent: 2/25/2022 3:20:55 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: Angela Gardner
Sent: 2/27/2022 12:47:53 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: Donahoe, Kaitlyn N (SBOH)
Sent: 2/24/2022 2:32:47 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Rachel Bennett-Living the Northwest Life <rae.bennett10@gmail.com>
Sent: Thursday, February 24, 2022 2:07 PM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Rachel Bennett -mom of 4

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:20:42 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\4C3F606BD48F4289_20220221180748556.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:08 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: 02.21.2022 18:07:48 (-0800)
Queries to: ricoh@doh.wa.gov

To All Boy Members:

RECEIVED

FEB 22 2022

WA State Board of Health

Please Stop
This! We Stand
For This. We
We STAND
For Freedom
Save The
Kids!

From: Charles Cherry
Sent: 2/20/2022 6:07:18 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Charles Cherry
Spanaway, WA

From: Sharayah DeVries
Sent: 2/25/2022 1:45:34 PM
To: DOH WSBOH
Cc:
Subject: April 13th meeting

External Email

Hello,

This email is in regards to your upcoming 4/13 meeting to discuss adding the COVID vaccine to the school immunization requirements. I am writing to voice my opinion, as a mother of two, that I do NOT agree with this and believe it completely unnecessary and not justifiable. I believe you will find many will withdraw their children, rather than comply.

Thank you for taking the time to read this,

Sharayah DeVries

From: SRHD-PIO
Sent: 2/24/2022 12:30:15 PM
To: SRHD-PIO
Cc:
Subject: SRHD Brings the Women, Infant and Children Nutrition Program to Lumen High School



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attachments\12A8FC6FA48B410E_image.png

External Email

News Release

Feb. 24, 2022

Media Contact:

Kelli Hawkins | khawkins@srhd.org <<mailto:khawkins@srhd.org>> | (509) 324-1539, c
(509) 994-8968

Spokane Regional Health District Brings the Women, Infant and Children Nutrition Program to Lumen High School to Support High School Parents

SPOKANE, Wash. – The Spokane Regional Health District (SRHD) Women, Infant and Children Nutrition Program (WIC) is taking another step to eliminate health barriers faced by high school parents and their children by making monthly visits to Lumen High School, a public charter school committed to the support of teen parents.

Moving students' WIC appointments on-site will allow consistent access to nutrition support and eliminate the need to miss school for services. Having WIC services on location will allow students and their infants to receive health screenings, nutrition education, breastfeeding support, and help accessing monthly benefits while promoting academic success.

SRHD strives to locate WIC offices in areas with the highest need of services to increase accessibility. WIC staff began providing on-site services at Lumen High School in October

2021, because high school parents were often faced with the decision between missing their appointment or missing school.

"If a parent has to find a way to get to their infant's daycare, their appointment, back to the daycare, and back to school, it not only makes appointments extremely stressful, but adds a barrier to their education," says Teresa Kafentzis, WIC program manager. "By meeting them where they are, in a familiar setting, we can support their health and academic outcomes."

WIC services are available to individuals who are income eligible and are pregnant, a new mother, or have a child under the age of 5. Individuals can either visit WIC's program site

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrd.org%2Fprograms-and-

services%2Fwic&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd3f30e78c2bd0487c67c408d9f7d44b5a%7
or call (509) 324-1620 more information and office locations. Individuals interested in
learning more about Lumen High School can visit lumenhighschool.org

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lumenhighschool.org%2F&...>
or call (509) 606-7888.

Spokane Regional Health District (SRHD) is a leader and partner in public health by protecting, improving and promoting the health and well-being of all people through evidence-based practices. SRHD is one of 34 local public health agencies serving Washington state's 39 counties. Visit www.srhd.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.srhd.org%2F&data=04%7C0>

for comprehensive, updated information about SRHD and its triumphs in making Spokane a safer and healthier community. Like SRHD on Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2Fspokaneherald>
or follow us on Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fspokanehealth&da>
to receive safety and wellness tips.

###

Kelli Hawkins | PIO/Public Information & Government Relations Manager | Administration

Spokane Regional Health District

Direct: 509.324.1539 | Cell: 509.994.8968

khawkins@srhd.org <mailto:khawkins@srhd.org> | srhd.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.srhd.org%2F&data=04%7C0>

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From: Herendeen, Lindsay (SBOH)
Sent: 2/16/2022 12:51:08 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Do not make Covid vaccines mandatory for children

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:38:03 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Cc: Pauline Cornelius <flothow@hotmail.com>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!
We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius
7248 SE Nelson Rd
Olalla. Wa. 98359
Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Jordan Skene
Sent: 2/25/2022 4:07:14 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: Penni Loomis
Sent: 2/26/2022 1:38:31 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Science

External Email

Dr. Thomas Pendergass:

I viewed the entire TAG meeting series regarding vaccines for school children.

My observations:

1. The composition of the TAG was diverse, but lacked depth of scientific knowledge about the vaccines. Statistical analysis of existing data does not equal expertise in vaccinology.
2. It was apparent early on that the group was pro-vaccine and the data supported those notions. I was surprised that the logistics of administration actually overruled the enthusiasm for vaccines.
3. The epidemiological analysis of the data did not offer any comment about possible corruption of data due to false positive test results, test results in asymptomatic individuals, or heavily incentivized COVID diagnoses in hospitals.
4. The CDC has become a political arm of the executive branch of the government and is no longer a dependable source of unbiased data.
5. The rather flippant dismissal of the VAERS reporting of vaccination injuries leads listeners to discard the extensive data of serious injuries from vaccines.
6. No mention was made of the Department of Defense data showing massive increases in numerous serious illnesses after vaccination in young healthy adults.
7. Dismissal of questions about early treatment to avoid hospitalization with the statement that none of the suggested early treatment, including off-label prescription of Hydroxychloroquine and Ivermectin, work has been disproven by numerous studies.
8. The narrow focus of the Board of Health on vaccination as the only treatment for COVID is missing the point of being an agency advocating for health. Suggestion that people actually focus on healthy eating, exercise, and sunshine would be far more reflective of a focus on Health.
9. Evidence is surfacing that the Omicron variant is acting as a vaccine, thus negating the need for additional shots.
10. Multiple shots actually damage the individual's immune response.
11. Please take 30 minutes to view the attached video interview with Dr. Ryan Cole, MD, Pathologist, and Dr. Robert Malone, MD, PhD., who holds patents on the mRNA technology used in the vaccines.

Thank you .

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvnps-dr-robert-malone-and-dr-ryan-cole-react-to-nyt-report-cdc-withholding-covid.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C298f6dace8b34cbcc46808d9f9704b38%7>

WND Interview w/ Dr Robert Malone & Dr Ryan Cole React to New York Times Report - CDC WITHHOLDING COVID VAX DATA

Sent from my iPad

From: Annette Rose
Sent: 2/19/2022 8:02:07 AM
To: DOH WSBOH
Cc:
Subject: 2 Boys Died Shortly After Getting Pfizer Vaccine, Autopsies Indicate Heart Inflammation - Truth Press

External Email

Your tag team continues to tell lies and say this shot is effective and safe. It's not. We know it. They know it. You know it.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2F2-boys-died-shortly-after-getting-pfizer-vaccine-autopsies-indicate-heart-inflammation%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C536299c1c1df468a002508d9f3c12>

Annette
Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 4:03:13 PM
To: DOH WSBOH
Cc:
Subject: FW: State Mandates

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

From: Megan Larsen <mlarsen2@gmail.com>
Sent: Wednesday, February 16, 2022 4:02 PM
To: 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: State Mandates

External Email

To whom it may concern,

I am writing this as a very concerned parent of three school aged children here in Washington State. I am very confused why there has been no movement or communication on why state mask and vaccine mandates have not been addressed and stopped. Almost every other state in our country has proven that they are listening to the parents and making it so masks are not required. There is STILL no scientific evidence or data that shows masks are helpful to prevent the spread of COVID between kids in classrooms. There is however a lot o evidence on why these masks are causing harm to our children. I am waiting for this Advisory Committee to give us such information. IT IS time to let us parents decide what is best for our children. You don't know my kids and you DO NOT get to decide what's best for them. I urge you to drop this insane mask mandate for our children, and urge you to drop this insane movement to mandate the vaccine for our children. Please hear our voices and be true leaders!

Megan Larsen
Concerned Parent

From: Debra Wells

Sent: 2/17/2022 1:39:30 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),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: Medical Staffing

External Email

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%7C1a923bfd855041e54c1208d9f25df834%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%7C1a923bfd855041e54c1208d9f25df834%7C11d0>>

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%7C1a923bfd855041e54c1208d9f25df834%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%7C1a923bfd855041
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%7C1a923bfd855041e54c1208d9f25df834%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%2F2021%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%2Fncchs%2Fnvss%2F2021%2Fweekly-deaths-by-age-group>
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>
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%2F2021%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.

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%7C1a923bfd855041e54c1208d9f25df834%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.

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: 2/17/2022 8:53:04 AM
To: DOH WSBOH
Cc:
Subject: FW: February 17.2022

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:35 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fprodu>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>

Listen to data about the effectiveness of vaccines here:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>

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

"29 CFR 1910.134, Respiratory Protection Standard."

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Fsites%2Fdefault%2F...>

158.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cad0aca34e68041fd524d08d9f235f6d5%7C11

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falethonews.com%2F2021%2F11%2Fstudies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C6d0aca34e68041fd524d08d9f235f6d5%7C>

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%7Cad0aca34e68041fd524d08d9f235f6d5%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%7Cad0aca34e68041fd524d08d9f235f6d5%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cad0aca34e68041fd524d08d9f235f6d5%2F)>

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: Jessica White
Sent: 2/25/2022 9:08:40 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: Erinn Wood
Sent: 2/19/2022 6:37:48 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: Annette Rose
Sent: 2/21/2022 7:16:10 AM
To: DOH WSBOH
Cc:
Subject: CDC Officials Admit Agency Has Withheld Critical Covid Information From the Public - Truth Press

External Email

I pray there is someone there that is taking the time to do REAL research in the COVID 19 "vaccine" and has some common sense to be asking questions. I listened to the tag meetings. They are blatantly lying and skewing data. And we the public know it. And you know it. And they know it. Every day articles like this are coming out. It o ky makes our Washington state board of health look more and more incompetent for denying the truth and pressing forward with a mandate for our children. Passing that will be a huge mistake. Huge.

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2Fcdc-officials-admit-agency-has-withheld-critical-covid-information-from-the-public%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8197ae0ede1541b981e908d9f54d15b0%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2Fcdc-officials-admit-agency-has-withheld-critical-covid-information-from-the-public%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8197ae0ede1541b981e908d9f54d15b0%2F)

Annette
Sent from my iPhone

From: Ty Williams
Sent: 2/24/2022 11:21:18 AM
To: DOH WSOH
Cc:
Subject: Covid 19 Vaccine - 2/24 Tag Meeting (Comment)

External Email

Good Morning,

As there is not an opportunity for the public to comment or ask questions I am emailing regarding today's voting.

I am a parent of 8 children. By now many of our family and friends have been exposed to covid once or two times and have had mild symptoms with an elder experiencing more severe experience in which they all have recovered from.

Our household does not agree on vaccinating our children with covid 19. They have built the antibodies from prior exposure as well as seeing the casualties the vaccine has caused on healthy individuals.

Just as the Flu this virus/diseases will continue to mutate and will not go away as the press has lied and said.

It is clear as parents we have no issues with the chickenpox vaccine. We know how this works, however this test, an expedited vaccine that is being pushed and mandated on people who are getting over these viruses is a power trip on our freedoms.

Our household does not agree on the mandate of adding the Covid-19 vaccine to children's school list of vaccines. If you implement this we will pull our 8 children from the public school system along with many other parents.

Please listen to the parents of these children. You do not have a right to take away my right as a parent of the choices I make for my children.

You also should consider the amount of lawsuits you will find yourself for mandating such a lack of tested vaccine on children for injuries it will cause.

Think about your children or children in your family. Would you be okay with just agreeing to put something in their body that you know could cause severe and long term damage?!

Sincerely,

A concerned Parent

From: Jeff Branson
Sent: 2/16/2022 6:55:39 AM
To: DOH WSBOH
Cc:
Subject: Mandate



attachments\91821827EDAB4E57_image002.jpg

attachments\D24103A4E38F4938_image001.jpg

External Email

To whom it may concern,

This is a free country and citizens have the right to choose for themselves and their children, what they put into their bodies.

No Mandate...Inslee must be stopped with all of his nonsense!

Jeff Branson

Jeff Branson

Inland Empire Drywall Supply
5105 E Railroad Ave. Spokane Valley WA 99212
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<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.inlandempiredrywall.com%2F>

From: Ellen Eames
Sent: 2/17/2022 5:36:54 AM
To: Jessica Dowell, Rebecca Thompson
Subject: symbols of anti-asian hatred

External Email

How long will my children be required to wear symbols of anti-asian hatred on their faces? Forever? Or maybe they'll just be required to wear symbols of racist anti-asian hatred every winter?

We know that cloth masks are worthless to protect our children from omicron, because even the CDC whom nobody trusts anymore said so, and because over the past two months, they definitely did not reduce the spread at all. We know that nobody in authority is actually truly frightened of this non-emergency viral infection anymore, because y'all went maskless at the Super Bowl illegally. Why don't you drop the false pretense of "protecting our children" already? We know that natural immunity exists, that early treatment exists, and that the vast majority of children are immune and will be cross-immune to the majority of upcoming variants arising out of mice, deer, rats, and bats as well. We know, because you showed us already with every vacation instagram photo of your parties over the last two years, not just the Super Bowl, that it is safe for our children to stop wearing masks, just like most of Europe. I am disgusted that the school districts are so pointlessly cruel towards children. You have failed to protect the children from believing that they are infectious killers, when they are nothing of the kind. You are just bullies, who are truly cowards at heart. You should be ashamed of yourselves. Drop the illegal and unconstitutional mandates.

From: paul necco
Sent: 2/17/2022 7:58:51 AM
To: DOH WSBOH
Cc:
Subject: No experimental drugs on children!

External Email

Paul Necco

ONE Realty
Real Estate Broker
Cell (360) 770-5989

From: Jennifer Petak
Sent: 2/24/2022 12:35:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8391de6fe0f34b48720508d9f7d52f72>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvp5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8391de6fe0f34b48720508d9f7d52f72>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvqv3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8391de6fe0f34b48720508d9f7d52f72>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Regards,

Jennifer Petak

From: becca Russell
Sent: 2/16/2022 2:42:57 PM
To: DOH WSBOH
Cc:
Subject: WACS addition of Covid

External Email

Dear BOH members,

I am reaching out to you in regards to tomorrows meeting. I attended the last meeting, I paid close attention to what Dr. Lim and Dr. Lofgre had to say. According to their studies along with KCPH there is ZERO reason to add this vaccine to the list of requirements:

*Dr. Lim's statistical evaluation clearly stated that the vaccines are durable up to six months wherein a booster will be required. His data also explained that subsequent variants continue to be less effected by vaccines and statistical analysis of current trends indicate that at least 50% of the population has already contracted Covid.

*Dr. Lim stated that myocarditis increased with a vaccine more so then Covid.

*Washington State Public Health website clearly shows that any individual under the age of 18 has nearly zero risk of hospitalization and subsequent death. This was confirmed by Dr. Lofgre. His data showed that a poor outcome for children was 3.5/100,000.

*Dr. Logre stated that January 2021-January 2022 13 children died from Covid. WSPH website stated that 523 children died in auto accidents in that same year.

Here is the CDC website that gives accurate data that clearly indicates that COVID is not even in the top 10 for cause of death in children under 18.

<https://wisqars.cdc.gov/data/lcd/home>

The science does not support a vaccine requirement for children. It is irresponsible to add this to the WACS when vaccines have declining durability and no real advantages for children.

Respectfully,

Rebecca Russell

From: Kathy
Sent: 2/17/2022 3:17:12 PM
To: DOH WSBOH
Cc:
Subject: Time to slow down the mandates for children



attachments\C2664DEC1EE94945_image001.gif

External Email

We are very opposed to adding Covid-19 vaccinations as part of school immunization requirements. We have to ask, why the hurry? You are about to rush into something that has not and never been properly vetted, a vaccination for all school children of all ages.

First you are totally irresponsible if you do not obtain world wide data on side effects of these vaccines given to children. You are opening up a huge door for years of unnecessary lawsuits from parents and other concerned citizens who have followed the meetings and have done enough research to not accept the flimsy data you have presented at these meetings.

Why, why, why would you do this? Why would you want to create a further exodus of children from public schools which has already happened due to mask mandates for children who are least affected by Covid-19 symptoms? More children have died from influenza in one year than from Covid-19.

We have to ask, is this something that the Teacher Unions are pressuring you into deciding? If not them, then who? Is it a desire to make your department stand in ridicule or are you seeking glory for more funding?

Again, we have watched 3 of the WSBOH/TAG meetings have not seen adequate data presented. There is way more available data that needs to be pursued. Please reconsider and continue with some much more in depth research lasting for a t least 5 years before going this way.

Sincerely,

Kathy and Gary Fitzpatrick

From: Gabriella Reznowski
Sent: 2/17/2022 3:27:56 AM
To: DOH WSBOH
Subject: Comments for meeting to consider COVID-19 for inclusion in chapter 246-105 WAC



attachments\9774B4F468724FAA_hero2.jpg

attachments\9A6E5D0190174890_hero1.jpg

External Email

Dear TAG Committee Members,

I am writing to express my dissent for the inclusion of COVID-19 in chapter 246-105 of the Washington Administrative Code. It is abhorrent that the committee is considering making the one, and only, currently available COVID-19 vaccine for children a requirement. It denies parents the right to wait for better vaccine options, and interferes with the right of the child to pursue innate and natural immunity, which most, if not all, school-aged children have already acquired.

As you know, the only vaccine currently approved for 5-17 year olds is Pfizer BioNTech. This vaccine is still only approved under the Emergency Use Authorization. The Pfizer BioNTech vaccine has proven to be less effective than researchers had hoped, necessitating boosters for adults five months after receiving the original series. In fact, Dr. Fauci can not assure us that boosters for this vaccine will not be required in perpetuity. By forcing parents to elect the one, and only vaccine currently available, you deny parents the option of waiting for better alternatives. This is a over-reach of your power and authority. Improved COVID vaccine options are under development, and certainly as we learn more about the virus, those who delay vaccination until these options are available will be in a better position than those of us that were vaccine coerced through mandates. Since children are not in a population that is at risk for severe infection, they have a right to be afforded the option to pursue better vaccine alternatives.

Chapter 256-105-40 of the WAC lists the vaccines for which a child is "required to be vaccinated against, or show proof of acquired immunity for.". Certainly, as we enter month 24 of the onset of the COVID-19 lockdowns, most, if not all school-aged children would have acquired immunity for COVID. Many, by now, have had COVID not only once, but twice, or even three times. There are about 28 million children in the US, more than 12 million have tested positive for the disease. This does not take into account the millions more who had symptoms and did not test, or who were asymptomatic, and did not test. Had this vaccine been available at the onset of COVID, perhaps its use would have been warranted, but at this point, it is unnecessary.

In fact, according to Dr. Benjamin Silk of the CDC, "When looking at the summer and the fall of 2021, when Delta became the dominant in this country, surviving a previous infection now provided greater protection against subsequent infection than vaccination." Dr. Marty Makary of the CDC echoes this, stating, "After two years of accruing data, the superiority of natural immunity over vaccinated immunity is clear" Through CDC released data, Makary confirms that 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.

The State of Washington has no authority to thwart a child's right to pursue natural and innate immunity. Makary's research further finds that among 295 unvaccinated people who previously had COVID, antibodies were present in 99.9 percent of them up to nearly two years after infection (JAMA 2022) "We also found that natural immunity developed from prior variants reduced the risk of infection with the Omicron variant." As he concludes, "So it is now settled science. Natural immunity is durable and effective for as long as the infection has been around."

I respectfully asks that the TAG committee update their vaccine research to follow the science and include the most recent studies.

A September 2021 article in the journal Nature, titled "Kids and COVID: Why Young Immune Systems are still on top" explains the following: "people under the age of 18 have accounted for less than 2% of hospitalizations due to COVID-19 — a total of 3,649 children between March 2020 and late August 2021. Some children do get very sick, and more than 420 have died in the United States, but the majority of those with severe illness have been adults — a trend that has been borne out in many parts of the world." The article goes on to say that "research is beginning to reveal that the reason children have fared well against COVID-19 could lie in the innate immune response — the body's crude but swift reaction to pathogens. Kids seem to have an innate response that's "revved up and ready to go."

Currently, WAC 246-105-055 outlines that philosophical and personal exemptions are prohibited for measles, mumps, and rubella. Is it the intention of this committee to deny parents philosophical and personal exemptions? I would strongly caution you against this as people all over the world are reclaiming their right to express their dissent for vaccine overreach. As a dual citizen, I am keenly aware of the current struggle that the Canadian Prime Minister is having regarding this issue. In fact, many Canadian provinces with policies that far outweigh Governor Inslee's COVID mandates, have ended proof of vaccination, and it never was a requirement for 5-11 year old Canadian children in the first place.

It is not appropriate to ask families to pursue a conversation with their doctor on risk/benefit, as doctors flee the room when you try to engage them in informed consent. Although I am a nursing mother, and at the time of my vaccination the CDC pamphlet given to me instructed me to consult with my doctor to discuss my options; he refused, fleeing the room saying only "I can either give it to you, or not." He did not even engage in a conversation surrounding which vaccine would be preferable, for a breastfeeding woman. The pamphlet stated the following: "Clinical trials for the COVID-19 vaccines currently used in the United States did not include people who are breastfeeding. Because the vaccines have not been studied in people who are breastfeeding, there are limited data available on the: Safety of COVID-19 vaccines in people who are breastfeeding; Effects of vaccination on the breastfed baby; Effects on milk production or excretion."

My doctor of 15 years, having delivered 5 of my children suddenly was unable to have a discussion with me, influenced no doubt by the Washington Medical Commission's insertion in the patient/doctor relationship, threatening doctors with losing their licenses:

"The WMC will scrutinize any complaints received about practitioners granting exemptions to vaccination or masks that are not based in established science or verifiable fact. A practitioner who grants a mask or other exemption without conducting an appropriate prior exam and without finding a legitimate medical reason supporting

such an exemption within the standard of care, may be subjecting their license to disciplinary action."

As a woman, I see this as a severe affront to my reproductive and maternal health. This is a direct attack on choice and informed consent toward a population which is already discriminated against heavily when it comes to medical and clinical trials. The mandate also deprived me of any choice in terms of waiting for future vaccine and antibody therapies, which may provide a greater level of protection against variants.

While we are on the subject, I would like to bring up the fact that even with exemptions, you will no doubt want unvaccinated children to continue to wear masks, further marginalizing them and discriminating against them. On November 6, 2021, the first week that the Pfizer-BioNTech vaccine was approved for children 5-11, a pamphlet titled "The Parts of a Vaccine Hero" was handed out at the elementary schools. I am attaching an image of this pamphlet, which uses hero iconography, directed at children, to portray a vaccine recipient as a hero who "loves their family and community and wants to keep them healthy". The pamphlet implies that a child who is not vaccinated does not love their family, nor their community. I would also like to point out that the pamphlet did not represent People of Color in the iconography, which excludes the 4 Latino children I have in the Pullman School District from representation.

The following day at school, my 9 year old was approached by peers who asked if she had attended the vaccine clinic, to which she responded "No". She was informed by her peers that they would not be able to invite her to their birthday parties. The Pullman School District owes families and children an apology for the distribution of this pamphlet. The pamphlet, directed at children, which employs marketing tactics and iconography with the intent of influencing them to seek vaccination, is an abuse of the school district's authority. It also caused my child to feel discriminated against, stigmatized and marginalized by her peers. At the very least, the district could have talked to the children about the fact that it is not appropriate for them to discuss each other's health history or medical decisions.

When I called the district, I was transferred to the district nurse who claimed the origin of the original pamphlet was from another state, repurposed for our district in partnership with Whitman County Health. I would like more information on the genesis of the decision to distribute a pamphlet which markets a medical product to children, without parental consent. I have no problem with such a pamphlet being offered at Whitman County Health clinics, but their needs to be accountability for the decision to distribute pamphlets that are coercive in nature, directly to school children.

Lastly, I would like to bring up an issue that is perhaps out of your purview, but still a concern since there are others copied on this email. My spouse visited the COVID-19 testing center in Pullman Washington on February 4, 2022. He was denied a COVID test, with the clinician saying that he needed a doctor's referral. When we called our doctor's office at Pullman Family Medicine, the receptionist said they he was unable to provide a referral as my husband had not been to the doctor in the correct amount of time to receive a referral. So, he was not able to be tested. I imagine that given the last two years of lockdowns, there are many people who have not been to the doctor in the required amount of time to receive a referral, again in my husband's case constituting a racial disparity in health care. If he were a white male, I wonder if he would have likewise been denied a COVID test. When I spoke to the Health Department about the incident from the parking lot of the testing center, I was told that they had never heard of anyone being denied a COVID test, and suggested that my husband travel out of the area. In the entire 2 years since this pandemic, I have never heard of anyone being advised to travel out of the area while awaiting their test, When I spoke to Pullman Regional Hospital about the incident, the lady advised that most people are just self-testing, without acknowledging the shortage of tests, or the time required to receive the

kit in the mail.

If the COVID guidance has changed to the extent that a symptomatic person is denied a test, or told to travel away from their home town to test, why on earth is the TAG committee seeking to implement this overreach on children, impacting their immunity, marginalizing those who do not comply, or forcing them to homeschool?

Governor Inslee's medical tyranny must have limits. Coerce adults with vaccine mandates, but leave our children alone. Parents are prepared to pull their children, form co-ops and homeschool groups, move 8 miles away to Idaho.

Concentrate your efforts on the science, not compliance.

Sincerely,

Gabriella Reznowski

Mallapaty, Smiriti "Kids and COVID: Why Young Immune Systems are still on top"

<https://www.nature.com/articles/d41586-021-02423-8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F021-02423-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb714795fef7b4f59c2be08d9f2085bdf%7C11d0e217264>

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Washington Medical Commission. "COVID-19 Misinformation."

[https://wmc.wa.gov/sites/default/files/public/COVID-19/COVID-](https://wmc.wa.gov/sites/default/files/public/COVID-19/COVID-19%20Misinformation%20Position%20Statement.pdf)

[19%20Misinformation%20Position%20Statement.pdf](https://wmc.wa.gov/sites/default/files/public/COVID-19/COVID-19%20Misinformation%20Position%20Statement.pdf)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwmc.wa.gov%2Fsites%2Fdefault%2Ffiles%2Fpublic%2FCOVID-19%2520Misinformation%2520Position%2520Statement.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb714795fef7b4f59c2be08d9f2085bdf%7C11d0e217264>

>

Centers for Disease Control. "COVID-19 Cases and Hospitalizations by COVID-19

Vaccination Status and Previous COVID-19 Diagnosis" (2021).

<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&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb714795fef7b4f59c2be08d9f2085bdf%7C11d0e217264>

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Alejo JL, Mitchell J, Chang A, et al. Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19. JAMA. Published online February 03, 2022. doi:10.1001/jama.2022.1393

<https://jamanetwork.com/journals/jama/article-abstract/2788894>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle-abstract%2F2788894&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb714795fef7b4f59c2be08d9f2085bdf%7C11d0e217264>

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Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F8c9dcafb-e91e-4731-a611-94febd9bb463>
for Windows

From: Robin Howard
Sent: 2/26/2022 12:40:59 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: Beth M
Sent: 2/22/2022 8:18:14 AM
To: DOH WSBOH
Cc:
Subject: No immunization required for children!

External Email

I feel strongly about this as do many others. But children should not be expected to be immunized by a "vaccine" that has not been studied like regular vaccines are. Please do not mandate that these children be required to get them in order to be school.

Sincerely,
Beth McRae

From: haileycroci@gmail.com
Sent: 2/23/2022 5:42:59 PM
To: DOH WSOB
Cc:
Subject: PLEASE PAUSE on COVID-19 for inclusion in chapter 246-105 WAC

External Email

Dear BOH and Technical advisory group members,

Sometimes it is ok to do nothing.....especially in moments of chaos. I implore you to wait on making any grave decision amid so much controversy and politics about requiring more vaccines in children. A moratorium on making a poor decision with poor data and information is not weak but wise. Taking pause to recognize the gravity of rushing into policy that impacts health on a cellular level is so important especially when it comes at the expense of our children. Again, please take pause and use time to help guide better decisions.

In the event that you have not had an opportunity to view some alternative narratives on this topic, please watch this shortened version of testimony:

<https://rumble.com/vtamrn-covid-19-a-second-opinion-shorter-highlight-video.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvtamrn-covid-19-a-second-opinion-shorter-highlight-video.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f81ef9fb4c544c0e69608d9f736bbdd%7C11d0>

Of further concern is the schedule of childhood vaccines that are so readily endorsed at the expense of good health under the guise of "public health." Here is a link to another article for your review regarding adverse reactions and death:

<https://childrenshealthdefense.org/defender/vaers-cdc-myocarditis-tops-list-covid-vaccine-injuries-teens/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/vaers-cdc-myocarditis-tops-list-covid-vaccine-injuries-teens%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f81ef9fb4c544c0e69608d9f736bbdd%7C11d0>

Please ask yourselves.... "What are the unintended consequences and what adverse reactions are under-reported??" Ethically, these should be fully explored before any decisions are made that cause more harm than good.

Please ask hard questions and consider all concerns.

Thank you for your consideration,

Hailey Croci

Mother and concerned citizen

From: Kody Logg
Sent: 2/24/2022 1:42:21 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7f03ad1675f1451d420308d9f7de889d%70>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7f03ad1675f1451d420308d9f7de889d%70>>

Reason 3: The Vaccine does not reduce transmission: <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%7C7f03ad1675f1451d420308d9f7de889d%70>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Kody Logg

From: Dale Joan Matherly
Sent: 2/18/2022 9:31:06 AM
To: DOH WSBOH
Cc:
Subject: JAB requirement for school attendance

External Email

Please do not require the MRNA shot as a requirement for school attendance in this coming school year. The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children. Further, children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. Our children are not guinea pigs and facts do not support this experimental treatment being proposed. As a voter I will watch carefully to see who votes for this and vote against them in the future.

From: Chan & Patti Bailey
Sent: 2/21/2022 10:48:14 AM
To: DOH WSBOH
Cc:
Subject: 02/17/2022 TAG Meeting - Comments

External Email

1) Tom Pendergrass's statement during the opening comments was an eye opener. He explained to the TAG members that their votes were not meant as a vote that "criteria was met, but rather it was more of a vote that "did you get the information you needed to decide?" Well - the answer to the last meeting's questions should still be NO. There was not enough discussion regarding any of the criteria. Examples include the CDC information that 95% of Covid related deaths involved an average of 4 co-morbidities (there is a difference between dying with Covid and dying of Covid); there was no mention of the FDA & NIH studies being conducted into the connection between the shots and post-vaccination neurological issues; and there has been no discussion of natural immunity, how many have it, and the strong indications that is is at least as good as the shots, probably better, at providing protection. It is beginning to look like your process is slanted toward mandating these shots for kids - when there is more than enough information to warrant caution - and it is not being mentioned at all.

2) The information provided during this meeting was not much different than that presented at the 02/10/2022 meeting. Not only that, but all 3 presenters provided pretty much the same information during this meeting. If the duplication had been removed there would have been plenty of time to critically review the CDC statistics, discuss natural immunity, and look at the post-vaccination neurological issues. Instead the presenters have mired the TAG members in the details of statistics and meaningless studies, ad nauseum.

3) Again, as with the last meeting, the meaning of preventing disease was bastardized to mean lowering the risk of serious illness or death as opposed to actually preventing infection and transmission.

4) Presenter Kathy Bates compared Covid 19 to smallpox and polio, and seemed to compare this shot to those vaccines. This comparison is not only incorrect, but is, in my opinion, mis-information. Covid is more like the flu than either Smallpox or polio. Smallpox had a death rate of +/- 30% whereas Covid's death rate is about 1%. Polio has a death rate between 2-10% and left many people with permanent disabilities, which is far worse than Covid. Those viruses do not mutate (Covid does) and their vaccines actually prevent infection and transmission - the Covid shots are not vaccines, since they don't prevent illness or transmission. Because of vaccines smallpox has been eradicated and polio is extremely rare world wide - Covid, like the flu, will be with us forever. Comparing Covid and it's shots to smallpox and other more deadly viruses and their vaccines, in my opinion, is irresponsible.

Polio, smallpox, and the MMR vaccines are 95-100% effective at preventing infection and transmission. We have no idea how effective the Covid shots are at producing the same result. My guess would be the Covid shots may be 5%+/- at actually preventing infection and transmission - but that's just a guess, since it seems no one has studied that.

5) So far there has been no discussion of therapeutics available for treating Covid and the role they play in reducing hospitalization and/or death - which is basically what the shot does. It seems that a comparison between therapeutics and the shot would be part of this discussion and decision making process.

6) At one point Dr. Tao Sheng Kwan-Gett compared Covid to the flu and the effectiveness of their "vaccines". This is a more honest comparison than the one made by Kathy Bates. He honestly pointed out, that like with the flu, "we don't know the efficacy of future Covid vaccines." If we don't know the efficacy how can we, in good conscience, require their use?

7) Criteria #1 has not been met. The RCAIS recommends the Covid shots for everyone 5 and older "within the scope of the Emergency Use Authorization or Biologics License Application". This was conceded by the presenters, and then there was discussion as to the "spirit and letter of the law". I submit that the letter of the law is what you should be gauging when deciding to require people to do something, not the "spirit" as determined by an ad hoc group.

8) Criteria #2 has not been met. The information regarding that question was confusing and pretty much the same as given for every other question. As with those criteria the answer is No.

9) Based on the information provided one could say that this criteria has been met - but - some information that indicates the Covid shots may not be safe wasn't presented. Adverse reactions to Covid shots were not compared to the frequency/seriousness of reactions to vaccines such as smallpox, polio, and MMR. That is relevant information. There was no discussion as to the studies being done regarding post-vaccination neurological problems. There was no discussion regarding the lack of information regarding potential long term effects of these shots. Based on the lack of information needed to make an informed decision about Criteria #4 the answer to this question is also No.

Chan Bailey (509) 991-7637
PO Box 307
Colbert, WA 99005

From: Alissa Miller

Sent: 2/16/2022 9:01:38 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), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: Vote 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

From: Jackie Gleason
Sent: 2/25/2022 3:26:04 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: Arthur Weiner

Sent: 2/16/2022 12:16:36 AM

To: Jeremy

Munn,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)

Subject: Make Masks Optional Now and Do Not Require COVID Experimental Injections a Requirement for School Attendance

External Email

Dear Educators and Government Officials,

Stop playing COVID with our children. Stand up for freedom and liberty. There's still an opportunity for you all to save face, admit your mistakes, reverse course, and re-establish the trust you so thoroughly trampled. The time to act is now.

Sincerely,

Arthur Weiner

Parent of 3 LWSK students

From: Amy Meyer
Sent: 2/17/2022 5:49:22 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: 2/20/2022 6:51:11 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 24, 2022

2.

Agenda Item or Issue:

COVID shots and children-TAG recommendations

3.

Your Name:

Trish Nilsen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3847 Bells Beach Rd Langley, WA 98260

7.

Email:

nilsens@whidbey.com

8.

Phone Number (Include Area Code):

2068186536

9.

Do you have any special expertise relevant to this topic?

1. Yes

RN 35 years experience

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 have sent an email to the Board re: my concerns with making COVID shots part of childhood immunization schedule and do not support it at this time. I also want the BOH to publish/post the TAG survey of parental/public opinion that went out after the January 2022 BOH meeting-you will see overwhelming opposition by parents/public to this effort and you need to be transparent about this as it relates to Criteria #7 "Implementation". There is no rush to add a risky shot to the vaccine schedule for such a low risk population and it does not prevent transmission!

From: John S
Sent: 2/20/2022 2:59:20 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Pam Erickson
Sent: 2/17/2022 3:27:21 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 shots for schools review meeting



attachments\D0589DE89B9C4086_IMG_3431.jpg

External Email

CHART FROM CDC WEBSITE showing CDC's projections and actual cases of Myocarditis:

Please do not push this EXPERIMENTAL drug on our children.

Sincerely,
Pam Erickson

From: patti
Sent: 2/18/2022 3:14:31 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandates for schools

External Email

Myocarditis has occurred in a higher-than-expected number of young males, and some young females, after receipt of the Pfizer or Moderna COVID-19 vaccines, according to U.S. health officials. The problem is the most pronounced following the second dose of either vaccine, both of which are recommended in two-dose primary series.

This is only a small part of an article copied from:

Heart Inflammation Manifested Unusually in 2 Boys Who Died Shortly After Getting Pfizer Vaccine: Study

From: Mary Collins
Sent: 2/19/2022 8:50:33 AM
To: DOH WSBOH
Cc:
Subject: Required vaccines for school aged children

External Email

This is a gross misuse of authority! This vaccine is far more dangerous to these children than the virus itself.

Sent from my iPhone

From: Annette Rose
Sent: 2/19/2022 8:01:05 AM
To: DOH WSBOH
Cc:
Subject: "My Choices Now are Between my Job and my Life" – Woman Shares Her Tragic Story Following Pfizer Shots - Truth Press

External Email

We know you're lying... we know we're being lied to by the TAG team... there are stories like this every day being sent out. This shot is NOT safe for children.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2Fmy-choices-now-are-between-my-job-and-my-life-woman-shares-her-tragic-story-following-pfizer-shots%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca49030f493844d589c6f08d9f3c10807%7>

Annette
Sent from my iPhone

From: Heather Clerget
Sent: 2/24/2022 10:25:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7adbf2aa35d42a0aee408d9f7c2fdd)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Arab America
Sent: 2/23/2022 10:08:02 AM
To: DOH WSBOH
Cc:
Subject: Who impacted us?

External Email

<<https://r20.rs6.net/on.jsp?ca=ddc4fd56-9dc2-4c65-b180-fa14b8953fbf&a=1100716350740&c=47b9d3a0-637d-11e4-8328-d4ae528e486a&ch=48b46040-637d-11e4-83a8-d4ae528e486a>>
<<https://files.constantcontact.com/41d9ec74001/af235187-849e-4cbf-b722-ddeb6487d439.png?rdr=true>>
Wednesday, February 23, 2022
www.arabamerica.com
<https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjY-Qbi8IiIb9B1QKQbwIFwMoJjsSzx6t8xE4O6Zxq7JeeRsUSqiI-YGaRL7iyqzgbS5znPARalgU_-AMfBQv5qE1SzEoKUCmDw==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>>

<https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjRaVTIXVRo7F1BWIgXiYyH0xmrW8jHiZS7aXsCLonP8x2j367bEYd-rIMts21dob0nLZ1F6koP14tmKpyfLOAjx0T_dyhL23J7opPIH3Rj2u4X2d4jGXX6NCmow3RUV-oA==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>>

<https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjf0MtTWqYagGby_8nP4_sKRaWKsbAxxErOjFECpjNvmmpi2owFIVzWOI6mqS_NrHNB7_x53u5WvP5HqzUWV-gidXOL5LaPMfyJ-ekna-TptafSIxBLoxV3YNj7T2FZwh-INEQaS0qeaIezhxUVBZzBnZwcYzhtGc3hv-WtBgHJWh4RF9rckstDrpjw_C1Nv&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>>

<https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjWW8IF4QgvADp98c6o5MZIcTCZAT5Fstwi2qMN3sSm0OhQUOsVLka0U7eHeT09DRV16u3-Jwo3hBB1h5Mx5N3kaRgZnvnAlNykJXnBJguiPsz_EsCJwceiMPsT_DAfmhXWljmjU2uat0ba9Bo7KyVBHIV5wFPX-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>>

Recognizing the Impact
of Black Americans

☐ othe

☐ Arab American Community

<https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7EdSwOmzS9IDqBOrMMBL4I4LxY_Z54iZ98mo2f4uV1HF73jnbLnxDWSVWN3LkijY2eTnFn6V7uR_Lp2FTEO-_aJ_gIzBj_qdj7sDvXhMggJfiw==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>>

During Black History Month, we need to realize and appreciate all the work that has been put into making Black History Month a significant annual observance. Here, we

acknowledge the contributions of African American scholars, athletes, human, and civil rights activists. Arab America contributing writers, Vivian Pham and Michelle Dermarkar, explore in-depth how deep the African American contributions have affected the American society and the Arab American community.

Read more

<[News](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7EdSwOmzS9IDqBOrMMBL4I4LxY_Z54iZ98mo2f4uV1HF73jnbLnxDWSVWN3LkijY2eTnFn6V7uR_Lp2FTEO-_aJ_gIzBj_qdj7sDvXhMggJfiw=&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

<[<\[What's in a Name? Arabic Personal and Family Names Signify History, Religion, Power, and Purpose\]\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7E0fu372wCFM63CNVrbPZyzrpQKipCpyokGanOiSIqSIyRdczytBlgB6sM9DC36YtKHfyfpcHNGE0g-c8ShqFusqcmj4aitUH82YYbclIPAw4rKcERxbxSg==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\)](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjb1UPN8UceuRLQ2mIoBdXay3YTzPVqDMkVhyvNmeLkmq0cGdSqPCb3C6aOCrGu0-Mtb9Wso3V-ZFBwO8z_8USupmprwLXFt5SGYcfETZktgK88z4T_XPpG4=&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

<[Arab rules for naming newborns are different from many other naming practices used around the world. Arabic names are a string of names, most often following the father's line and usually including the grandfather's name and a descriptive name. According to Arab America contributing writer, John Mason, Muslim, and Christian Arabs, in some instances, differ in how they name their children.](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7Ejir89H09S8buZEhVxDpaK3Q5_Qh3Is_Ucq9LqNAuGtNPXX2ndWmn3NYTVy1uZo0aXi3XTfLMzR3UN6ciTFEBfWFXyor6QRdR5UJQQDNqF8bsLBukqx4IWmVR6DyGvPo5b8R5YdJK2FSwdk5hEslqH&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

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<[<\[The Beauty of Luxor\]\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7E79bDAIjDDIkRChQISyyzUsVmLTgHN2ms_pASc_Sv1friqvW20mHpVe25fzPgzvXioBq7E1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\)](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7E0fu372wCFM63CNVrbPZyzrpQKipCpyokGanOiSIqSIyRdczytBlgB6sM9DC36YtKHfyfpcHNGE0g-c8ShqFusqcmj4aitUH82YYbclIPAw4rKcERxbxSg==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

Egypt is renowned for its rich history, stunning archeological sites-namely the Pyramids-and its popularity among tourists. However, there is a lot more to Egypt's history and tourism than Cairo. With a beautiful location on the Nile River, Luxor is home to an astonishing amount of archeological valleys with Ancient Egyptian ruins and flourishing tourism. Join Arab America contributing writer, Lindsey Penn, as she explores the beauty of the city of Luxor.

Read more...

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10 Interesting Historical Facts About the Kingdom

❑Morocco

Morocco is a stunning country blessed with plenty of natural resources, vibrant culture, and spectacular cuisine. The country is rather well known globally, but there are some interesting facts about the country's history you may not be aware of. Arab America contributing writer, Nouha Elyazidi, takes us back in time to explore fascinating historical information about the Kingdom of Morocco.

Read more

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The Yemeni Cooking Pot

Some call it rustic, others exotic but for Yemenis, soapstone cookware is the sine qua non (necessary). This soapstone cookware is called harada, madra or rizah; they are the lifeblood of Yemeni cuisine. It is a thick-walled stone pot that you will find in every Yemeni household. This unusual pot is as famous as the food it is cooked in. It is used to make saltah, fahsa, fatah (susi), shakshouka, and foul. Arab America contributing writer, Menal Elmaliki, details the importance of soapstone cookware in Yemeni culture.

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An Update on the Recent Archeological Discoveries in the Arab World

The Arab World is a region rich with ancient history and archeological discoveries since it is considered the 'cradle' of civilization. In recent months, there have been three amazing archeological discoveries in the Arab World. Arab America contributing writer, Claire Boyle, explores the historical significance of a 4,000-year-old board game found in Oman, evidence of hybrid-bred camels on a temple in Iraq, and 13,000 pottery shards of ostraca in Egypt that were used as a writing surface for financial transactions. Finally, Boyle analyzes specific items about ancient culture and society.

Read more...

<[<\[**Qatar Tourism: Six Must-See Tourist Attractions in Doha Qatar**\]\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7EVrxVs4vFiTKZPFYdpbNgytNsplBsDLIch3q6LST7gBzCbe7bahl0ZySWmcz1vE2qAe6o7kQ4VA9p2qYuParMJnejo&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\)](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7E6pF9Y1MIELDgyiJR_0Q6EUoybSOGBN1Po1ci6WWWQyfGmV8GjNsDByt0MSobewJuMxK1yOfHpZf0p8PsabohL3UbXnGnnkQm9RjrD0qDsQfnBXIDh-pzw069rhjUPgw==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

Qatar is amongst the smallest Arab countries. Doha is its capital city that houses 80% of Qatar's population. In 1916, Qatar went from being under Ottoman control to becoming a British protectorate and eventually became an independent state on September 3, 1971. Much of Qatar's wealth comes from its natural resources such as oil which allowed the government to invest in their city and in their country. Arab America contributing writer, Leyelle Mosallam, writes on the six must-see tourist attractions in Doha Qatar, from its sea line to its deserts.

Read more..

<[<\[<\\[**The Arabian Camel**\\]\\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7E-nvOiizu0qhQSKivYIwtde7a7tmDUaS2Ew1tEp_I-QI4_hyGisR4RbZRBzEPFsTht8RNbnLaRhBINbII5zyFnCJkHnAUFR4K0R90E-Tm11YHjMkQ1IgYuA==&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\\)\]\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjCzAYEk2nhZNMwUwAyXvQAm6JGQLGXjGiwsGiw9eVVvKNueeynPx6QXis9AdD4_adhJWNzP2n7TWYS5D5TS5fNCegve3YJuvCu6dZCNJcg3JqCRr2&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\)](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7EVrxVs4vFiTKZPFYdpbNgytNsplBsDLIch3q6LST7gBzCbe7bahl0ZySWmcz1vE2qAe6o7kQ4VA9p2qYuParMJnejo&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

For untold centuries, life itself in the Arabian Peninsula was almost unthinkable without the camel. The Bedouin's passion for this animal is unparalleled in the love between beast and man. He valued it both materially and aesthetically. An immense source of prestige and status, it was his vehicle of transportation, tank in war, medium of exchange, nourisher, and water drawer from the oases' wells. Arab America contributing writer, Habeeb Salloum, tells us more about the importance of the camel in the Arabian Peninsula.

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The Arabian Delight: Kudrit Kadir

Have a taste of the Arabian delight Kudrit Kadir, with its multi-layered deliciousness made out of chocolate cake, custard, and caramel. This dessert is easy to make and fun to share with your friends and family. Arab America contributing writer, Sara Alsayed, has prepared a recipe for all the dessert lovers; it will have you licking your fingers, wanting more.

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Featured Event

Vienna, VA

Team Virginia--Yalla Connect!

As part of the Arab America Foundation's mission to connect and empower Arab Americans, cousins (paid members) and friends are welcome to attend Team Virginia's--Yalla Connect at KW Metro Vienna. We miss you this winter season. Let's connect, break bread with a buffet dinner, listen to music and dance, but most importantly, enjoy each other's company.

Read more

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Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>

Featured Event

Alexandria, VA

Zuhair Francis at Zikrayet

Lilian Entertainment presents a Saturday night party at Zikrayet restaurant with the incomparable Palestinian vocalist Zuhair Francis. Please don't miss this unique opportunity to enjoy live music and an authentic drumming show by the acclaimed Faris El Layl troupe. Reservations are a must.

Read more

<[<\[Online\]\(https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7En12wO2eeil3bzaiaiwGbY4vmUrQDKee1C7fjM1bPn0cqCeBkpYUbaS9M1V8NjnX3GRk6b1urNgJXQI61nHABh8oeidjNjX6yj&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=\)](https://r20.rs6.net/tn.jsp?f=0012_SQXtg52FJXrMKNktyK9k3Jdwcf3PNaC6IvpT3CILXNW3-2cwoQjXVDyHtZDd7ERudQUKFKFfnUMRZyaEXhRQI5QgcR-h0QJI11mS2-LXc1ZuQLtRR3kOtwhlr27BMTnJZrTBdRoiTeuKZRIkQUqkbbetkgZbzGmmbTw7ifK1gMKRT-4LWVJ6snFoZk8GPesb_Pt6MZp1c=&c=s92-1mN_hog_hPLH9tfXbPHzUIN0xcE--Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==></p></div><div data-bbox=)

An Emerging Axis:

□StrategicTrends Between Saudi Arabia/Russia/China

Join the National Council on U.S.-Arab Relations for a discussion exploring implications for the region and the United States of developments in relations between Saudi Arabia, Russia, and China. Specialists, including two former U.S. diplomats, will examine how ties between the countries can be viewed through different sets of lenses.

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Climate Policy Outlook for MENA: 2022 and Beyond

Please join the Middle East Institute at this program launch event for the Middle East Institute's Climate and Water program as they explore how the Middle East and North Africa can capitalize on this momentum concerning global climate policy leadership and the opportunities and priorities that the region should pursue.

Read more..

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New York, NY

Simon Shaheen with

□the Near Eastern Music Ensemble

Palestinian composer and oud and violin master Simon Shaheen will be joined by the Near Eastern Music Ensemble that he founded in an effort to promote Arabi music throughout the world. In 1994, Shaheen received a National Heritage Fellowship from the National Endowment for the Arts, the highest honor for traditional arts in the US.

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Online

Maysoon Talks

□YouTube Employment

Join Maysoon Zayid, comedian, actress, and advocate, for a 30-minute conversation with Ron Bruder, founder, and chairman of EFE-Global, and Saja Abuammoneh, EFE-Palestine alumni and translator.

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Queens, NY

Moroccan Ramadan Caftan Fashion Show in Astoria

Khadija Mouh is a Moroccan fashion designer based in the United States. The premier expert on Moroccan fashion, cuisines, and traditions, she has been designing luxurious caftans and Moroccan inspired pieces for more than 30 years.

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Apply Now for 20 Under 20

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The Arab America Foundation's, Rising Leaders initiative, encourages young Arab Americans to participate in programs, such as 40 Under 40, 30 Under 30, and 20 Under 20, which spotlight young Arab Americans in all fields and professions. The deadline is February 28th. Please disseminate this announcement to all your friends ASAP: 20 Under 20

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Arab America Spring

Internship Opportunities

Arab America, the leading provider of digital media regarding the Arab and Arab American identity, is offering 2022 internship opportunities. Arab America seeks applicants with but is not limited to the following academic backgrounds: English, Journalism, Arab/Middle Eastern/International Studies, Political Science, Media and Film Studies, Public Relations, Communications, and Marketing. A stipend is granted at the end of the internship.

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Nul3kfbXwEWabTdm68tow==&ch=jbWvXOhkwfF8Dii9xZ24kowSZO88Mbgrhx0NbyxeRrbIRlhX6aDzbg==>

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<<https://static.ctctcdn.com/letters/images/1101116784221/S.gif>>

From: DOH COVID Vaccine
Sent: 2/23/2022 3:25:06 PM
To: DOH WSBOH
Cc:
Subject: FW: LEAVE OUR KIDS ALONE!!!!

Public Comment

From: msketch5 <msketch5@frontier.com <mailto:msketch5@frontier.com> >
Sent: Friday, January 7, 2022 2:21 AM
Subject: LEAVE OUR KIDS ALONE!!!!

External Email

To whom it may concern,

I OPPOSE Agenda Item #8, 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. The science does NOT support the notion that unvaccinated individuals spread the virus any more than vaccinated individuals. Children are statistically at ZERO risk of dying from Covid (their survival rate is in the range of 99.997 - 99.998%); where there is no risk, there can be no benefit. Furthermore, there are numerous studies now that support adverse affects of the vaccine on our children. Even the FDA has doubts about the safety of a vaccine for an individual under the age of 16. (www.fda.gov/media/151710/download...the
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710/download...the>>
required studies on children will not even be completed until May 31, 2027!!!!!! And that is only one of the required pediatric assessments!) There has been enough time now to find out the truth about what is going on with Covid, and there is no excuse for draconian measures to be inflicted on our children just to be able to attend school.

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. As noted in the FDA link above, the required pediatric studies required are not yet completed. STOP USING OUR CHILDREN AS TEST SUBJECTS!!!

Sincerely,

Marie Sketchley

From: Debra Wells

Sent: 2/17/2022 2:14:10 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), 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: My experience with Covid

External Email

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 baring 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%7C4c205c3893dc4bbe8eee08d9f262ceec%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%7C4c205c3893dc4bbe8eee08d9f262ceec%7C11d0>>

2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4c205c3893dc4bbe8eee08d9f262ceec%7C11d0e21

January 30, 2022

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Gilbert G. Berdine, M.D
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– January 30, 2022

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The CEO of the OneAmerica insurance company
recently disclosed
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forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4c205c3893dc4bbe8eee08d9f262ceec%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: Lisette

Sent: 2/16/2022 10:38:37 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: NO VAX FOR OUR KIDS

External Email

Dear members,

Please reconsider what are you doing. This covid19 vax needs to be a choice.If you approve it to be mandatory it will destroy our state and our families. There will be the biggest walk away from the school systems ever. This agenda needs stopped. I have had many friends and family seriously injured by this "vaccine". There is no way that it is safe and effective.

Our kids are the FUTURE of USA and you are jeopardizing it.

Sincerely,

Liz.

From: k8cott
Sent: 2/20/2022 8:36:03 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that based on the scientific evidence that is coming to light, these vaccines, which are expired AND do not protect against the current variation of the COVID virus--omichron--are not only ineffective against it, but do not prevent transmission of the virus, and are showing some alarming side effects to children--and adults, which makes its use in children--most of who have had the virus and recovered, which provides them with a robust immunity, completely counterintuitive.

Kate Cott

Sent from my Verizon, Samsung Galaxy smartphone

From: Rachel Berry
Sent: 2/16/2022 8:30:24 PM
To: DOH WSOB
Cc:
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%2FPMC8546144/>>

<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%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 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://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&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C17fb31df4fcd4fd07e1908d9f1cdd18b%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%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C17fb31df4fcd4fd07e1908d9f1cdd18b%7C11d0e>

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%7C17fb31df4fcd4fd07e1908d9f1cdd18b%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%7C17fb31df4fcd4fd07e1908d9f1cdd18b%7C11d0e2>

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: Erick Durant
Sent: 2/20/2022 5:17:17 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Erick Durant / Owner

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.distinctiverealestatephotography.com>>

Distinctive Real Estate Photography
253-224-1723 <tel:253-224-1723>

14141 Anatevka Lane SE

Olalla, WA 98359

<http://www.distinctiverephoto.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.distinctiverephoto.com%2F&>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Fdistinctive>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finstagram.com%2Fdistinctivereales>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finstagram.com%2Fdistinctivereales>

From: Linda Jennings
Sent: 2/16/2022 2:57:26 PM
To: DOH WSBOH
Cc:
Subject: Covid shot

External Email

I oppose making the covid injection a school requirement. It is approved only for emergency use and has not undergone adequate safety testing. Injury rate is very high. It has never proved to prevent covid 19 illness.

From: Timothy Hazelo
Sent: 2/16/2022 5:06:24 PM
To: DOH WSBOH
Cc:
Subject: forced vax

External Email

I am disgusted with the lack of sense you are displaying regarding forced vaccinations. See Seattle times in late December where it explains most COVID cases are vaccinated! Yet here you are without considering all the information.

For instance. I was looking into why a person would vaccinate their child when I stumbled upon this. I was trying to compare the benefit of giving kids the vaccine vs the possibility of them getting Covid let alone dying of it. What I found is the possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you but smart people like you and I that are not just blindly following a money/power motivated push, and want to know can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7C9a5f30d44dc3446e2a7408d9f1b1ad6a%7C1>

As for catching and spreading this virus there are and have been many treatments that are and have been approved for years with little to no adverse effects that do help prevent illness and yes even infection. Everyone alive today who has eyes to see, ears to hear, and a mind of their own knows this. Why do you not know this? Or do you now and have lied for some unknown reason? If you do know this and have kept it from us for two years now, then you are the killers, not the virus!

As for forced quarantines and forced medical procedures. I promise you this is not a path

we as Americans are going to accept, and if this is not the direction you are trying to push this then why are we having these hearings?

I look forward to some sanity being restored in our government but as of the last few years, we have seen none in this state!

Timothy S Hazelo (USN Ret)

From: Jane Becker
Sent: 2/16/2022 7:59:37 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID Vaccination for School Aged Children

External Email

To the Washington State Board of Health,

I respectfully ask that you do not pass a mandate for the children of Washington State to be vaccinated with the COVID MRNA. There have not been adequate tests of this emergency use vaccination and the risks far outweigh any benefit to our children as statistics show that there has been a definitive increase in cases of myocarditis and other health issues in vaccinated children. Vaccination for COVID should be a decision that rests with the parent alone and not be made mandatory by the State.

Respectfully submitted,
Jane Becker

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.daveramsey.com%2Felp%2Fuse-an-elp&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7108b60db5b649315a9b08d9f1c9e15a%7C11d0e217>>

From: Robert Holte
Sent: 2/15/2022 11:46:13 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: Leah Palmer

Sent: 2/18/2022 11:41:43 AM

To:

benjamin.wilfond@seattlechildrens.org,tlocke@co.jefferson.wa.us,Bill.Kallappa@k12.wa.us,Helseth, Jennifer (DCYF),Kcranfield,shauna.muendel@doh.wa.gov,crodriguez@pnwu.edu,Mueller, Martin (K12),Abdelmalek, Dimyana (DOHi),FBell@wcaap.org,londeck@nasn.org,glynch@oesd114.org,mybarra@mlchc.org,Jake@arcsno.org,Ca 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 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),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: BOH and TAG cov19 injections for children meetings

External Email

Hello BOH and TAG,

After watching your meeting yesterday i must say how disturbed I am by your meeting, narrative and the direction you are taking this. There seems to be several factors you are not taking seriously.

1. There are medications that WORK AMAZING to treat covid 19. SAFE and EFFECTIVE drugs that have been used for decades. To ignore them and suppress them is reckless and narrow minded. Early treatment for EVERY disease has always been the way to success. But how come not in this disease? People are told to stay home and do nothing until they are massively sick, then go to the hospital to die with their protocols (vents and remdesiver). I just lost my uncle on monday to that method, he was a strong healthy man. I had covid 19 twice and used ivermectin. Once someone has a first or second hand experience to this drug they know that there is a game being played on us. You can down play it, but more and more people realize that ivm and hcq work amazing. This is about money. Not health.

2. The side effects of the covid 19 vaccine are under reported and suppressed. People are bullied into silence. They have been actually censored and silenced on social media for sharing THEIR OWN STORY. On one hand a person with no symptoms can test positive for covid and be counted. On the other hand a person who experienced a severe side effect from the vaccine is not being taken seriously and have had their own personal stories shut down. I am shocked by the amount of people I know personally that have a new and serious condition after being given this experimental drug. Many have gone to the ER or their clinic only to have their doctor look straight at them and say their new condition is not from the vaccine. Its shocking. I believe if TAG wants to actually do a thorough job they need to contact the vaccine injured and hear their stories. My (other) uncle died from a heart attack 2 weeks after his booster. My grandmother was taken to the ER on day 3 after her injection, she couldn't lift her arm, turn her neck and could barely stand. They told her it wasn't from the vaccine. My friend was seriously ill for 3 weeks after her injections. My mother was seriously ill for a week. My friend now has blood cancer that was diagnosed a couple months after her injections. Another friend with clots in his legs. Another went to the ER and had very low platelets, she also was told it wasn't from the injection. My step dad had the pfizer booster and the flu vax in mid december. He immediately began having heart trouble and will now be going in for

heart surgery on monday, 21st. Please do not recommend the booster and flu vax together, you have NO research saying its safe. I actually could go on for PAGES with the people i know who have had severe reactions. There seems to be a massive disconnect between what we are seeing in our reality in the people around us and what the media, government and pharma are telling us. And if we speak out we are suppressed, silenced, censored, bullied, gas lit, minimized and told to shut up. Your own meeting brushed over the side effects like they were not important. In one graph that was shown during yesterday's meeting showed in males 12-17 the benefit would be it would prevent 2 (TWO) deaths but cause 56-69 cases of myocarditis. How does that math add up? I get that you are banking on the cases prevented, icu and hospitalizations. But you are saying its really ok to harm 69 boys to prevent 2 deaths. AND that you are ONLY looking at myocarditis, no other side effects. Like they don't exist. Let me tell you there are many side effects, and you don't have the long term research to tell us ANYTHING. Please talk to the vaccine injured.

3. Our government's lack of transparency has led to a massive distrust in the covid response. Fauci went from saying they didn't fund gain of function research to admitting on tv that it would have been reckless not to fund gain of function research. And finally we find out that money was given to a second hand group and then sent to be used for gain of function research. How can you look at someone in the eye and promote fauci's plan when the man has obviously lied his tail off this entire time to protect himself. He has his hands in the Pfizer patents, in Moderna patents and in the Remdesiver Patent. Does this NOT concern you all? They created the problem, they controlled the emotional response (thru fear and the media), the promote the cure (experimental gene therapy). Does this not concern you all? He said masks don't work to stop viruses, then he said we have to mask up, then double mask, now we are back to realizing masks don't work and they harm people. (btw, maybe someone should tell Mary Jo that she can't catch the virus thru a zoom meeting. It doesn't instill me with much faith when you have people with masks on during a zoom meeting while it seemed like she was in a room by herself.) We have been purposely divided so we can be conquered. We have been fed misinformation from our own leaders and our own government. We should have thrown the book at covid. Tried different drugs, repurposed drugs, taught people the benefit of taking vitamins and eating healthy and exercise (zero info on that talked about!!!!) and a vaccine as part of a bigger plan not THE plan. So instead of throwing the book at it, we threw one page. A dangerous and experimental injection. Re-evaluate this approach.

4. This experimental injection isn't even approved yet. How can you consider giving this to young children while it is still an experimental phase until 2023? I would suggest you all do a little research on past experiments done by the government. They don't turn out well for the people that were experimented on. Please read up on the 1960's dioxin tests, the military poisons testing, Tuskegee syphilis experiments, the Manhattan project, the Guatamalan syphilis experiments and so many more (btw the gov has never stopped experimenting on its people with out their permission).

5. Christopher Cole, the FDA Executive officer of counter measures Initiative was caught on camera saying "The drug companies, the food companies, the vaccine companies, they pay us hundreds of millions of dollars a year to hire and keep the reviewers to approve their products." "If (big pharma) can get every person required (to get) an annual vaccine that is a recurring return of money going into their (big pharma's) company." These statements prove my point that this is all about money. The spelling for science has changed. Its now M-O-N-E-Y. And we the people are following the MONEY. Its not about health.

6. The lack of transparency of the vaccine companies has also contributed to the public's

distrust. They need to release the entire list of ingredients in these injections. It is not acceptable to say that they can't because it's proprietary. We need to understand what is in them so we know what is being put in our bodies. This obvious deception is infuriating and unacceptable. Yes, I read the labels of the food I buy. I want to know what is in the injections before I put it in my body. All of you not wanting to know this is so naive. Also, if you hadn't heard Pfizer has the largest amount of CRIMINAL fines of any company. One fine is for 1.195 BILLION. Pfizer has been a "habitual offender," persistently engaging in illegal and corrupt marketing practices, bribing physicians and suppressing adverse trial results. It is so unacceptable that you want me to trust Pfizer with my children when their history is HORRENDOUS!. This is like telling me to leave my child with Jeffery Dahmer and let him experiment on them. NO THANKS! A simple search of some of the ingredients led me to Sinopeg, a Chinese company that makes the lipid nano particles. It is there where you can see that graphene oxide is in the make up of the lipid expedients. This is disturbing. Maybe I'm wrong, but the vaccine companies won't be transparent. Moderna's CEO just deleted his twitter and sold off millions in stocks, so did other insiders. This is called insider trading. Taking money and running is what it looks like. This does further discredit these companies. We do not trust them.

7. Bill Gates has made it his mission to vaccinate every child on earth. This man has claimed to care about the health and well being of children. But when he REPEATEDLY met with a convicted child rapist and child sex trafficker it makes his claims NULL and VOID. When asked what did he learn from having those meetings he replied "well, he's dead." Any person with a conscience that isn't a pedophile would have said it was deeply disturbing to learn of Mr. Epstein's history of pedophilia and the harm this man has done to children. But that wasn't his response at all. Bill also said in a TED talk that with women's reproductive health and vaccines they could reduce the population by 10-15%. What vaccines would help reduce the population? Why would vaccines be used in this manner? I made a joke that the BOH was probably full of Bill Gates connected people. So I decided to research it and I am deeply troubled by the BOH members, the guest doctors and others involved in this very serious matter of approving an experimental injection for our children. Most all of your doctors are connected to the University of Washington, Global Health, GAVI and some involved have connections with Microsoft. University of Washington internal and external funding is overseen by the Board of Regents. Bill's older sister sat on the board for 12 years, Inslee appointed Bill's younger sister to the board. There are other connections to Bill among the Board of Regents. Jay Inslee's daughter is on the Board of the Bill and Melinda Gates Foundation. It looks like a lot of conflicts of interest. This does not instill the public with confidence. Many past supporters of Bill have now seen the light. They have seen his patent for luciferase 060606. They have looked into his project of having Harvard spray shit in the sky to block out the sun. They have heard of his polio vaccine being the cause of an outbreak of polio in 3rd world countries. They have seen pictures of him practicing medicine when he is not a doctor and has no medical training. They hear of him going to 3rd world countries and experimenting on the populations with his vaccines, to GREAT HARM. They see him connected to the vaccine companies, the huge amounts of money he gives to the CDC, his connections to the WHO, and so much more. In the past these companies and agencies were respected, but they are NO LONGER respected. They are seen as captured agencies. Data is cherry picked. He even has a company that puts out many of the graphs and models that the BOH and media are using. He is buying up the farmlands, controlling supply chains, has his hands in tech, health and government. And he is a great friend of Anthony Fauci, the proven liar. In the 90's they called it a monopoly, his actions and his business practices. He showed us who he really is in his deposition in the Microsoft monopoly case. Arrogant, elitist, power hungry, ruthless with no compassion. When cornered he pretends to be mildly autistic or plays dumb. He couldn't define the word concern, does that concern you? It seems a large group of people are marching the beat of his drum. Inslee, the Washington state government and the BOH being part of that. To do so will be at the detriment of all humanity. Please re-evaluate this man, his influence on the covid response, and his influence on each of YOU and this board. Please

step down if you are connected to this man. Money doesn't matter, character does. Integrity and honesty matters.

8. The BOH and TAG seem to be a diverse group with a variety of backgrounds and ethnicities. But you seem to be lacking in diversity in thought. Were you hand picked for the job by those who want this to be pushed through and could you even admit that if that were actually the case? Why are there no dissenting voices? This seems to be a one sided discussion. One direction this is going. See all the doctors who have spoken out are being censored, silenced or threatened with their medical licenses. And of course no one would choose one of those doctors to be a part of TAG to discuss pushing this onto the children. Please reconsider your group. You did not choose diversity in thought, which means you don't represent a huge portion of the people that this decision affects.

9. Klaus Schwab, from the World Economic Forum; wrote a book called Covid-19, The Great Reset. In the book it says "At least 4 billion "useless eaters" shall be eliminated by the year 2050 by means of limited wars, ORGANIZED EPIDEMICS of fatal rapid-acting diseases and starvation." You might want to check out the Young Global Leaders and World Economic Forum members. You will find that many of the past and current Young Global Leaders are actually in high leadership positions right now. Many of which have been behind the implementation of the worst restrictions during this pandemic. Please consider that this event was by design, planned and rehearsed. Please check out the Dark Winter practice in the early 2000's, Lockstep by the Rockefeller foundation in 2011, and event 201. If you don't know about Lockstep, you are probably in Lockstep and you need to get out of Lockstep as soon as possible. Now would be the time. If you can't wrap your head around this being planned, then at least consider that it has been high-jacked by opportunistic agencies, governments, foundations and businesses. For their own profit and control. Not for the health of people. Why would the CDC send out something called a Strike Force to vaccinate the people. (backed by the Rockefeller Foundation) this does not instill trust in our agencies. It feels like we are being attacked by our own agencies. Or the CDC released document that stated "They WAR has changed." Is it a war on covid or a war on the people?

Please contact the vaccine injured, hear their stories. Please stop rushing the process of adding this experimental injection to the children's vaccine schedule. There is no reason to rush this process. You will need more than one meeting to go over the rest of the issues. Please re-evaluate the effects of a child having ALL of those shots that you are pushing on the current vaccine schedule. Does it make a child healthier? Do this many vaccines harm children? At what point does the accumulation of vaccines cause its own damage to a child? You have not looked into any of these issues. How many vaccines is too many? Please find out the entire list of side effects, take them seriously and investigate them more thoroughly. Please look into the complete list of ingredients, OUR CHILDREN'S lives are at stake. Please reconsider the path you are on, and consider there are other options and a course correction is needed now. Please consider that there are many conflicts of interest, many leaders have been proven liars, and many agencies are captured. We listened for 2 years, we shut our businesses, we isolated, we went broke, we lost loved ones to many more reasons than just covid (so many suicides), we did what we were asked to do. But that plan failed. Please consider a new course. Please consider that your team does not have diversity in thought. Please consider adding others to this meeting who feel differently than you do. Please consider listening to the public; hear everyone. Please stop rushing the process.

Thank you, A very concerned citizen (and i know the definition of concern, unlike bill gates)
Leah Palmer, Oroville Washington

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Mitchell, Brittini M (DOH)
Sent: 2/22/2022 8:42:51 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please respond as appropriate -thank you!

Message was attached to: Vaccines for School Children

From: Shirley Meitzler
Sent: 2/20/2022 5:32:26 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you. Shirley Meitzler

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: John Lane
Sent: 2/20/2022 3:54:55 PM
To: DOH Secretary's Office
Subject: Vaccines for School children- A Second opinion

External Email

To Our state Leaders

I am concerned that the state of Washington is considering covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe there needs to be another review of this.

2nd opinions are good.

Transmission- Data shows that these vaccines do not reduce transmission.

Effectiveness- These vaccines are not effective. These current vaccines are only effective against the original virus. We are now several variants down the road. They will not be effective against omicron

Children have robust immune systems. They have an innate ability to fight off infections. Most children have had omicron by now. They now have natural immunity which far out weighs that of a vaccine.

Safety- Theses vaccines have not been sufficiently tested to know the risks and benefits. Allowing them to be given and then taking a Wait and See approach is not pure science. We now have evidence of cases of myocarditis in children following vaccination.

Look at the data from other countries which are clearly stating that these vaccines don't work.

Also consider open vaers. This is our own governmental tracking system.

Please consider all the facts

A concerned citizen of Washington State

Sent from Mail for Windows

Message was attached to: Vaccines for School Children

From: Darla Kaufenberg
Sent: 2/20/2022 3:47:58 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children-A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or day care

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisers.

Message was attached to: Vaccines for School Children

From: Glennis Brodie
Sent: 2/20/2022 3:21:24 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Glennis Durr

Sent from my iPhone

Sent from my iPhone

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Tisha Gramann
Sent: 2/20/2022 3:00:57 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Tisha Gramann

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Paul Campbell
Sent: 2/22/2022 8:12:29 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Paul Campbell

From: Julia Orme

Sent: 2/22/2022 5:35:07 PM

To: Thai, Nathaniel J (SBOH),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),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Comments for Immunization TAG

External Email

To the BOH:

I have written several times regarding TAG meetings about the nine criteria for inclusion of the Covid vaccine in WAC ch. 246-105. I listened to these meetings, and I heard members say that there was not enough evidence to meet certain criteria yet vote in favor anyway. This is alarming.

I am worried that adding the Covid vaccine to the school requirements is a foregone conclusion. It certainly looks that way to me and many parents who have been watching the process unfold. I hope you consider how it will impact public health overall in the coming years if the Covid vaccine is required for school.

Please consider my perspective. I am parent to three kids. I have always been extremely pro-vaccine. I was the first patient at my dad's medical practice to get the Gardasil vaccine when it was released. My older kids are fully vaccinated, and, until this year, they got flu shots. I have a new baby, and I have serious misgivings about getting her vaccinated for other diseases because of the relentless push to approve and mandate the Covid vaccine for children. I am losing trust in our institutions, especially public health. If the Covid vaccine is mandated, I will lose faith completely. Especially as I see that almost all other states and European countries are not mandating (indeed many are not even recommending) the Covid vaccine for children.

In previous emails, I've addressed why the various criteria have not been met. In this one, I write to implore you to consider the broader ramifications of this decision. There was recently a case of measles in Snohomish county. Will cases like this lead to community outbreaks because parents opt out of other childhood vaccines? That depends on what you decide this week. More than the Covid vaccine is at issue for many parents.

Thank you,

Julia Orme

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 7:21:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Jenna Edlund <jennaedlund@yahoo.com>
Sent: Tuesday, February 22, 2022 11:59 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

> □TOur State Leaders:
>
> I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.
>
> I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.
>
> My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.
>
> Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.
>
> Thank you.
>
>
>
>
> "

>
>
> Thanks,
>
> Jenna
> God Bless America and Go Seahawks!!!!
>
>
> -Sent from my iPhone

From: Angie Cabe
Sent: 2/20/2022 6:09:14 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 9:31:39 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: Mel Pow <melbowsmarie@hotmail.com>
Sent: Wednesday, February 23, 2022 9:24 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Jillanne Potts
Sent: 2/18/2022 10:24:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

No vaccine mandates for children in schools.

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Jen Edington
Sent: 2/17/2022 11:05:30 AM
To: DOH WSBOH
Cc:
Subject: Parent concern



attachments\A776F06E501E4452_f3150d75-4c8d-4744-9677-9f942b96a35e.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: DSHOTT
Sent: 2/17/2022 11:35:56 PM
To: DOH WSBOH
Cc:
Subject: Possible Vaccine Mandate for Public Schools

External Email

Dear Board of Health:

Please consider significant facts before you mandate Covid-19 virus "vaccine" for the Washington's public-school students.

Scientists produced two of the first vaccines against smallpox and polio because no therapeutics were available treat smallpox and polio. These ravaging diseases permanently scarred, crippled, and killed children and adults. Covid-19 seriously effects very few children.

Though the current medical establishment discourages known prophylaxes and therapeutics, very safe, inexpensive ivermectin, hydroxychloroquine (repurposed drugs) and other therapeutics, when used early against Covid-19, prove to very successfully treat those who become ill with Covid-19.

My neighbor, about sixty years of age and my sister-in-law- living alone, 85 years old and wearing a pacemaker, treated themselves with ivermectin and hydroxychloroquine, under professional guidance. Both recovered fully in less than a month.

Scientists designed the Pfizer, Moderna and Johnson and Jonson so called "vaccines" to prevent infection against only the original Covid-19 virus. These "vaccines," rushed into production, are not actually vaccines. We now know they are ineffective against the Delta and Omicron variants and will be ineffective against new variants.

Israel, with now one of the highest rates of hospitalizations also reported one of the highest vaccinations rates, provides an example of Covid 19 "vaccine" deficiency.

Consequently, mandating "vaccines" for children becomes useless at best. However, we also know that these "vaccines" can cause serious consequences such as myocarditis and sometimes death to children as reported on VAERS and elsewhere. Science researchers do not know possible long-term risks of this "vaccine." Do you?

This is the first-time vaccines have been produced to stop viruses because of the known fact that they are not effective against corona viruses such as the common cold.

A very significant fact you should consider is the relationship between obesity and Covid-19. Note the following:

According to comprehensive research, the World Obesity Federation reports, "Covid-19 death rates are 10 times higher in countries where more than half of the adult population is classified as overweight."

"Taking data from over 160 countries, the report

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F372>
found linear correlations between a country's covid-19 mortality and the proportion of adults that are overweight. There is not a single example of a country with less than 40% of the population overweight that has high death rates (over 10 per 100 000), the report said. Similarly, no country with a death rate over 100 per 100 000 had less than 50% of their population overweight.

Vietnam, for example, had the lowest death rate from covid-19 in the world (0.04 per 100 000) and the second lowest levels of population overweight at 18.3%. The UK has the third highest death rate globally (184 deaths per 100 000) and the fourth highest prevalence of overweight at 63.7%. The United States has the next highest death rate at 152.49 deaths per 100 000 and has 67.9% of the population overweight."

<https://www.bmj.com/content/372/bmj.n623>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F372>

You would be wise to work towards discouraging childhood obesity, now a rapidly increasing, long-term risk to children. Leave the "vaccine" decision to parents, the rightful authority for such choices.

Sincerely,

Susan Shottthafer

From: Jennifer Knight
Sent: 2/17/2022 4:50:54 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: Testify Online Survey
Sent: 2/23/2022 1:14:35 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Not sure sometime in 2022

2.

Agenda Item or Issue:

Vaccine mandate for children going to school

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 Ave

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?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

We should not be forced to give our children a vaccine that we the parents do not trust nor believe in. If you force this mandate most parents will be removing their children from school period. If you are all about the money do not force thisamdate on the parents that are already sick and tired of your games and lies. #unmaskourchildren #novaxforourchildren!!

From: Jennifer King
Sent: 2/24/2022 8:21:10 AM
To: DOH Secretary's Office
Cc:
Subject: Strongly oppose

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.
The King Family

Sent from my iPhone

From: Nicola Hostetler
Sent: 2/27/2022 5:46:55 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: Heather McCann

Sent: 2/17/2022 8:17:33 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),Kasie Warren

Cc:

Subject: Re: Equitable standards

External Email

As a parent and a classroom teacher, it say LOSE THE MASKS! Washington holds one of the highest rates of vaccination, a majority of staff and students across the state have already experienced COVID, and vaccines have been available for over a year. It's time to set our students free. Parents are done, teachers are frustrated, and kids are discouraged. It's high time I am allowed to fully know my students, see their joyous, frustrated, questioning faces so I can best meet their needs and support their learning. If celebrities, athletes, and spectators can be unmasked at events such as the highly attended Superbowl, concerts in most other parts of our nation, and awards ceremonies in highly populated indoor venues, then surely our students can take off their masks. Enough is enough.

On Thursday, February 17, 2022, 07:25:41 AM PST, Kasie Warren
<kmwarren007@gmail.com> wrote:

If people can go unmasked at the superbowl, then our kids should be able to take their masks off at school! I work with kids with disabilities for the Auburn School District, and I have seen first hand, and do see every day the impact these masks have on our kids, but neurotypical, and neurodivergent. Kids struggle to understand emotions, kids are scared of other kids that may take their mask off at recess. I've seen it literally cause fights between kids, and that's just not right. Kids are scared to take their mask down to take a drink for fear of being punished by staff or peers. I've seen kids in PE asking to take a mask break or water break, and the reply was literally, "You will be back in class in 20 minutes, you can have a drink when you get there." This class had just finished 20 minutes of hard cardio, and would have indeed needed a drink, but since they are not allowed to bring drinks into PE, these kids are denied access to the simplest of requests.....A DRINK OF WATER!!!!

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids

who are suffering.

ENOUGH IS ENOUGH!!!!

Remove the mask mandates in schools effective immediately.

--

Before forwarding email, as a courtesy to the sender & previous addressees...

> PLEASE put all "Forwarded" Addresses in "BCC" and delete previous email address histories. This helps stop personal information from falling into the hands of spammers and spreading viruses.

From: Karen Mullen
Sent: 2/17/2022 12:04:08 PM
To: DOH WSBOH
Cc:
Subject: DO NOT require vaccs for kids

External Email

Dear sirs,
please do NOT require a covid vaccination for children this fall!
The odds of children dying from covid are almost zero, and our nation is quickly
gathering herd immunity.
Please do NOT PUT CHILDREN at risk for complications from these Mnra vaccinations.
Please be kind to our children.
Karen Mullen Heutink

Karen Mullen Heutink
6086 Vista Dr.
Ferndale, WA 98248
karenhmullen@icloud.com <mailto:karenhmullen@icloud.com>
360-398-2258

From: Khushdip Brar
Sent: 2/26/2022 10:36:49 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: Pskowski, Samantha L (SBOH)
Sent: 2/23/2022 7:52:39 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Ashley Mann <ashmariemann@gmail.com>
Sent: Wednesday, February 23, 2022 7:02 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Ashley Mann

"

Sent from my iPhone

From: Robert Holte
Sent: 2/23/2022 11:09:06 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: DOH Information
Sent: 2/25/2022 5:41:27 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\4F4E18DD89064228_image002.png

Hello,

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: Thursday, February 10, 2022 5:34 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:

Comment on the web

2.

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

I listened to a portion of the zoom meeting today. The idea that mandating a covid vaccine to children is not only wrong, it spits in the face of science and medicine. The total number of children that have died with covid (not necessarily because of covid), throughout the entirety of the pandemic is 770. That is 770, the vast majority of which had multiple contributing conditions, across the entire country. There is no statistical threat of death to children. The current strain, omicron, has been proven to pass extremely quickly regardless of vaccination status. This means the vaccine will not prevent infection, nor will it prevent spread. So by your own rules, the vaccine does not meet the mandatory requirements to be required. DO NOT REQUIRE THIS VACCINE.

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:
Donald Lee
Email:
dtlee412@gmail.com <mailto:dtlee412@gmail.com>
Telephone:
3606069822

5.

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

dtlee412@gmail.com <mailto:dtlee412@gmail.com>

From: Testify Online Survey
Sent: 2/23/2022 8:17:46 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/24/2022

2.

Agenda Item or Issue:

WAC 246 105 030

3.

Your Name:

Marjorie Byrd

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

426 Hwy 12 E, Pomeroy, WA

7.

Email:

Packbyrd2016@gmail.com

8.

Phone Number (Include Area Code):

509 540 4728

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

With all the new evidence coming out regarding Covid all of the mandates and vaccine requirements need to be dropped. This agenda needs to stop. It's time to return parenting and decision making back to the people.

From: Pam Bennetsen
Sent: 2/17/2022 7:18:05 PM
To: DOH WSBOH
Cc:
Subject: WAC-246-105

External Email

To the board of WSBOH,

I feel the vaccines are not necessary for newborn immunizations in order to attend school. Stats are not showing that this age group is at risk as much as the elderly and I feel this vaccine was a response to emergency and we have all come to understand the vaccine has been not as affective as once thought, meaning, many who took the vaccination still acquired the covid and more than once. Stats also show as well as Mr. Fauci have said this age group is not at risk and now he is proclaiming it necessary. He seems quite double-minded at this point, frankly

Please consider NOT giving this experimental vaccine to our young children for the above reasons.

Thank you,

Pam Bennetsen

Woodinville, WA

From: Lena McGinnis
Sent: 2/20/2022 8:10:08 PM
To: DOH WSBOH
Cc:
Subject: Meeting on February 17, 2022

External Email

February 21, 2022

Dear Board Members,

I am writing to express my deep concern regarding the COVID-19 inoculation and the prospect of mandating it for children in order for them to attend day care or school. I understand that 3 items were discussed in a BOH meeting today: 1) Criteria on the effectiveness of the vaccine, 2) The vaccine containing the COVID-19 antigen as being effective as measured by immunogenicity and population-based prevention data in WA State, as available, and 3) Experience to date with the vaccine containing this antigen demonstrating that it is safe and has an acceptable level of side effects.

My concerns regarding the first item, "Criteria on the effectiveness of the vaccine" is that there is overwhelming reason for a resounding "NO." The 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."

www.fda.gov/media/153717/download

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>>

It is alarming that the CDC and ACIP made the recommendations they did in May 2021 even though

"Regarding potential harms after vaccination, evidenced 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."

www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7020e1.htm>>

and www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7045e1.htm>>

How can it be claimed that the benefits outweigh risks when it is admitted that the risks are not known?! Comirnaty is the only COVID-19 product that has received FDA licensure for any pediatric population (those 16 and up) and it is limited to manufacturing and delivery. This product is not available anywhere in the U.S., and there is debate about whether or not the vials of Pfizer's EUA product are now "licensed" for those 16 and up, or if they are still EUA products.

There are zero co-administration safety studies, so adding the COVID-19 as a requirement (on the required school vaccinations or other recommended vaccinations list) is astonishing and leaves me aghast. Why is the WA DOH seemingly promoting this?!

www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Fhcp%2Fimz%2Fchild-adolescent.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C>>

and

www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming

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

My concerns regarding item #2, "The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State, as available", include the many studies which show that the COVID inoculations do not prevent the contraction or transmission of the disease and/or were too small in sample size to be considered when making policy with tremendous safety concerns. While some studies do show that recipients MAY be afforded a short-window (a few weeks or months) of time wherein their risk for infection or severe disease is minimally reduced in comparison to those without natural immunity, even this protection appears to decrease with each new variant. This preprint study shows that PCR-positive tests for Delta variant occur in a higher percentage of vaccinated individuals than unvaccinated. It can 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) www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.infosperber.ch%2Fwp-content%2Fuploads%2F2021%2F10%2F210731-](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.infosperber.ch%2Fwp-content%2Fuploads%2F2021%2F10%2F210731-Wisconsin&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C11d0e21726a55&isdir=1)

Wisconsin&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C11d0e21726a55&isdir=1

Viral load pdf

In an interview on CNN with Wolf Blitzer, Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant.

www.youtube.com/watch?v=TKFWGvvIVLI

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.youtube.com%2Fwatch%2Fv](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.youtube.com%2Fwatch%2Fv%3DTKFWGvvIVLI)

Another pre-print study shows "no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta." www.medrxiv.org/content/10.1101/2021.09.28.21264262v1

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F1](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.09.28.21264262v1)

The CDC reported that among the first U.S. cases of COVID-19 Omicron variant, 79% of the 42 cases were in fully vaccinated individuals including 14 who had received booster doses. www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolum](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7050e1.htm)

The criterion clearly states 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 old children included only 2,268 children.... Both the CDC and ACIP have acknowledged that this is too small a study to find serious adverse reactions. www.nejm.org/doi/full/10.1056/oa2116298

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nejm%2Forg%2Fdoi%2Ffull%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nejm%2Forg%2Fdoi%2Ffull%2F10.1056.2021.09.28.2116298)

Another pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, thus increasing the chances of becoming infected with COVID-19 after 90 days. A booster is suggested in order to attain previous levels of protection.

www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F1](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.20.21267966v3#p-5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C11d0e21726a55&isdir=1)

5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C11d0e21726a55&isdir=1

Is getting a booster for a child every 90 days practical, manageable, or desirable?

While the COVID shots have not shown ability to prevent infection or transmission of disease, natural immunity has been found to prevent infection. Natural immunity has a superior, broad protection that serves 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 CoVs." Dowel et.al, Children Develop Robust and Sustained Cross-Reactive Spike-specific Immune Responses to SARS-CoV-2 Infection. There are 144 research studies that affirm that natural immunity far exceeds vaccine-induced immunity in length and quality. They can be found here: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021

www.brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.brownstone.org%2Farticles%2F79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caa0eeaa27ce34b23957d08d9f4efc1e7%7C11>>

My last concern is regarding "Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Pfizer's own RCT data indicated a decrease in positive cases, but also showed an increase in illness and deaths compared to the placebo group. What benefit is there in reducing cases if it means increased illness, hospitalizations, and death? 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" it is shown that those vaccinated experienced worse health outcomes than the placebo recipients. Page 12 of same said study has a table (S4) that illustrates the increase in deaths within 6 months for those who received the injections and, particularly concerning are the types of deaths, including cardiovascular: there are almost twice as many in the test group as in the control group. This is Level One evidence of harm!

The FDA, disregarding the manufacturer's own RCT data, did a press release stating that the benefits would outweigh the risks, but this was based on modeling – the lowest quality of evidence given its reliance upon layers of assumptions and subjectivity.

With repeatable data from studies, we find that the COVID-19 vaccine does not prevent infection or transmission of disease. We see from the manufacturer's own data that the risks of cardiovascular events are almost 2x that as in the control group. We know that children develop robust and lasting immunity once they've had the infection. In Toxicology Reports, Vol 8 2021, pages 1665-1684, Ronald Kostoff et al. published "Why Are We Vaccinating Children Against Covid-19?" The following are excellent points that beg serious consideration:

"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 inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially....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)

Rates of infection are falling dramatically in adults. This disease is now endemic. "The burden of disease is so small, and the risks are just not clear." - Dr. Cody Meissner, VRBPAC member. What are the long-term effects of those that develop cardiovascular

events as shown in Pfizer's study (which only included 2,200 adolescents that enrolled in the study, half of which had the placebo)? The risks are TOO great and the benefit is not there for children.

Lastly, the examination of any research must include looking at the financial ties/investors linked to the research done. I am concerned that the BOH may be giving heavy weight in their decision making to the information given to the board by for-profit organizations in our state that have drug-company relationships that cannot help but influence all aspects of their business.

I realize that there are other criteria which will be considered by the BOH, and those all bear their own concerns. I thank you for taking the time to read this lengthy input and your consideration in the concerns I have expressed.

Best Regards,

Lena McGinnis, BSN, WMEP (RN 18 years, retired)

From: Jennifer Bejcek
Sent: 2/24/2022 12:41:30 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

In regards to putting covid-19 vaccine on the list for school children to enter school, I oppose this suggestion. It is fraught with complications ranging from the risks to children are almost no risk of severe outcome from infection compared to the lack of history and evidence that the shot is a benefit that outweighs its own risks. In addition, there are no long term studies on humans or animals for that matter so why would you recommend a shot that is still in an investigational phase? You will see a mass exodus of enrollment in public schools even if you have exemptions. The public has lost faith in your organization and this would be the final nail in the coffin that you are out of your ever loving minds to put this shot on the list. Let families make these choices with their actual doctors.

Jennifer Be

From: Colleen Wise
Sent: 2/16/2022 3:25:08 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate for Children

External Email

Dear Washington State Board of Health,

I am finding out that you are planning to mandate children to get the Covid Vaccine. The drug company has not been approved and this is way outside of OK. The children should not be wearing masks either and getting a vaccine is far more harmful than a mask. The time it takes to make sure any vaccine is ok for everyone is a much longer process that has happened with Covid.

Let's do the right thing and end this now. No Children should be getting shots as a mandate. This should be a decision between the child's Doctor and the Parent! Let the parents have a say in this matter. Some children can't get a shot due to other health issues.

Please do not issue this mandate.

Regards,

Colleen Wise

--

Colleen Wise
253-297-2950
Washington Federation of Republican Women
President East Pierce Republican Women's Club
Precinct Committee Officer 31-809

From: Pskowski, Samantha L (SBOH)
Sent: 2/24/2022 12:41:57 PM
To: DOH WSB OH
Cc:
Subject: FW: Question

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Michael J Jelineo <michaeljelineo@protonmail.com>
Sent: Thursday, February 24, 2022 12:03 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Question

External Email

Samantha & Hannah~

How can you support the "SO CALLED" COVID-19 Vaccine for Children? This VACCINE isn't a Vaccine its a GENE Therapy and is POISON to everyone including Children. You both are not qualified to be presenting this information and are helping push this PROPAGANDA about Vaccinating Children. The So Called Vaccine isn't FDA Approved, its still under an EUA. These MEETINGS have been FULL OF LIES and MISINFORMATION.

MJ

Vancouver/Clark County

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

Secure Email.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%234&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7)
shot%2F%234&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7

Informed doctors argue that “not even a handful
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fof-children-should-be-endangered-through-mass-vaccination-against-a-disease-that-is-not-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fof-children-should-be-endangered-through-mass-vaccination-against-a-disease-that-is-not-dangerous-to-them.%25)
dangerous to them.”⁵

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%235&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7)
shot%2F%235&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441> and have “not undergone the same type of review
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441> as an FDA-approved or cleared product.”6,7
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch> health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%236&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C COVID injections rely on experimental vaccine technologies
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fne> safety%2FCOVID-19-the-spearpoint-for-rolling-out-a-new-era-of-high-risk-genetically-engineered-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C ;8
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch> health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%238&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C problematic ingredients such as polyethylene glycol
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde> fda-pfizer-moderna-COVID-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C (PEG)9
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch> health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%239&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C and polysorbate 80
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde> ingredients-COVID-vaccines-allergic-reactions%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C ;10
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch> health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2310&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C lipid nanoparticles
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F298> readily taken up by the brain;11
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch> health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-

child-get-a-covid-

shot%2F%2311&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
and other unproven vaccine science. Moreover, though acting FDA head Janet Woodcock
assured

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-COVID-19-update-fda-authorizes-pfizer-biontech-COVID-19-vaccine-emergency-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-COVID-19-update-fda-authorizes-pfizer-biontech-COVID-19-vaccine-emergency-use&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

use&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217
parents “that the agency undertook a rigorous and thorough review of all available
data,”¹²

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2312&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

shot%2F%2312&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
no studies have been done

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2313&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)
we-know-may-never-know-about-COVID-
vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217
on toxicity, carcinogenicity, fetal and reproductive risks or other important aspects of
safety.¹³

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2313&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

shot%2F%2313&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%

3. Experimental COVID vaccines are far more dangerous to children than the disease. Prior to the EUA expansion to 12-15 year-olds, the Vaccine Adverse Event Reporting System (VAERS) showed two deaths in 15-year-olds who had each received a Pfizer or Moderna vaccine. These adolescents may have been enrolled in clinical trials, as they could not otherwise have received the vaccines legally at the time. With about 1,000 adolescents 12-15 years old in Pfizer’s clinical trial vaccine group—and about the same number in Moderna’s trial—the death rate following either vaccination in this age group may be approximately 0.1% (two in 2,000)—over 200 times higher than the COVID-19 mortality rate.

4. Adolescents are reporting serious COVID vaccine injuries, including cardiac problems and deaths. COVID vaccine injury reports for the 12-17 age group almost quadrupled

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2314&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

data-reports-injuries-12-to-17-year-olds-more-than-
triple%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217
from May 14 to May 21, going from 943 to 3,449 adverse events—including 58 injuries
rated as serious.¹⁴

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2314&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

shot%2F%2314&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
The next week, the COVID vaccine injury total for that age group jumped by another
37% to 4,750

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2315&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

shot%2F%2315&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
comprising 209

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2315&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)
serious injuries and five deaths
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2315&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217)

shot%2F%2315&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2316&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%253E&isRedirection=true>
A study published in June in Pediatrics documented seven teens hospitalized for heart inflammation

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2318&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F%2318&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F%2318>&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F%2318&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F%2318

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-surgeries-blood-clots-johnson-johnson-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1>
and Guillain-Barré syndrome

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2319&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F%2319&context=1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-hospitalized-brain-blood-clots-after-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1>
in his brain one day after receiving his first Pfizer injection.²¹

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2321&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2321&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2F>
that have not yet been discovered at this time, including on growth, reproductive system
or fertility.”⁵

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%235&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7

to miscarriage or stillbirth (almost one in eight women).²² In addition, 99 of 724 live-born babies (13.7%) had adverse birth outcomes such as preterm birth, small size for gestational age or "major congenital anomalies." Conversely, there is no evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2021%2F01%2F01%2Fus%2Fpolitics%2Fcoronavirus%2Fvaccine-kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0>

to suggest that children need to be worried about the long-term effects of COVID-19 illness.¹

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

shot%2F%231&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7

For children and teenagers who have their lives ahead of them, the COVID vaccines' potential ramifications for future fertility are troubling, especially given that "it could take a relatively long time before a noticeable number of cases of post-vaccination infertility

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F2020news.de%2Fwp-content%2Fuploads%2F2020%2F12%2FWodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN
could be observed.”²³

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

shot%2F%2323&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C

6. Children who receive COVID shots will face an additional risk that most adults will not: simultaneous administration of multiple vaccines. According to Pfizer, there is “no information on the co-administration of the Pfizer-BioNTech

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>
COVID-19 vaccine with other vaccines.”⁶

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildren-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-19-vaccine%2F)

shot%2F%236&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C
CDC, too, admits that it does not know

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.biopharmadive.com%2Fnews/acip-pfizer-coronavirus-vaccine->

adolescents%2F600049%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d whether reactogenicity (the body's inflammatory response to vaccination) increases with vaccine co-administration.²⁴

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

shot%2F%2324&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
Nonetheless, CDC is allowing healthcare providers to administer COVID vaccines and

other childhood and adolescent vaccines "without regard to timing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Faci/2021-05-12%2F05-COVID-Woodworth->

508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e
."25

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

shot%2F%2325&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
Considering the CDC vaccine schedule

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Fpublications%2Fadvisory-committee%2Fimmunization-practice-policy%2Fdocuments%2Fother%2Fadolescent.html&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Fpublications%2Fadvisory-committee%2Fimmunization-practice-policy%2Fdocuments%2Fother%2Fadolescent.html&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)

for adolescents, this means that a 12-year-old could conceivably receive an experimental COVID shot on the same day as the influenza, human papillomavirus (HPV),

meningococcal and Tdap (tetanus-diphtheria-pertussis) vaccines.²⁶

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2

health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-

shot%2F%2326&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
If FDA expands its EUA to still-younger age groups, children could be loaded up with

even more injections during a single doctor's visit, particularly if doctors push "catch-up

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F05%2F19-childhood-vaccines-catch-up-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F05%2F19-childhood-vaccines-catch-up-wellness%2Findex.html&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)
wellness%2Findex.html&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
" vaccination because of missed appointments during the pandemic.²⁷
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fne](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2327&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)
the-fine-print-part-two-nearly-400-adverse-reactions-listed-in-vaccine-package-
inserts%2F&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11
, including death.²⁸
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2328&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)
The Institute of Medicine has warned
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fbooks%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fbooks%2Fpubmed/nbk55872%2Ftext%2Fmain%2F#result_1)
that systematic research on "key elements of the entire [childhood vaccine]
schedule—the number, frequency, timing, order, and age at administration of
vaccines"—has never been done,²⁹
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fne](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2329&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)
an opinion shared
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fne](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews-whos-talking-vaccine-scientists-confirm-major-safety-problems%2F&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11)
problems%2F&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C
(albeit reluctantly) by global vaccine experts at a World Health Organization (WHO)
meeting in December 2019.³⁰
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhealth-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2330&data=04%7C01%7CWsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%2F)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedition.cnn.com%2F2021%2F05%2F19-vaccines-teens-parental-consent-wellness%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30f>
for COVID vaccines,33

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441
status.34

At present, these include the District of Columbia

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-19-vaccine%2F&data=04%7C01%7C6A2B4131-4451-4361-9005-601108000000%7C%7C%7C%7C&isredir=1&context=1>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19.ncdhhs.gov%2Fmedia%2F>
(age 12 and up);36

shot%2F%2336&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
Alabama

4%3Fc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e2
, Oregon

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tn.gov%2Fcontent%2Fdam%2Fassets%2Fpublic%2Feducation%2Fgrades%2F6-8%2Fmath%2Fmath-6-8-g3-m3-a1-tn-2020-2021.pdf&cid=7d95193d-4000-4100-b960-709102400240>
(ages 14 or 15 and up);37-39

shot%2F%2337&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
South Carolina

19%2Fcard%2FgjR0545RUYiz6i7EHJqk&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb83c55b863154ae
(age 16 and up);40

china-get-a-curve
shot%2F%2340&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
and Iowa

wellness%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30f

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

8. Promising children and adolescents a return to "normalcy" is coercive. FDA Commissioner Janet Woodcock

use&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217
, CDC director Rochelle Walensky

signing.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1
and Pfizer CEO Albert Bourla

adolescents%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
have promised youngsters that COVID vaccination is their ticket to a renewed "sense of
normalcy" and a "faster return to social activities."12,

shot%2F%2312&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%41,

shot%2F%2341&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%42

shot%2F%2342&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
These pledges are enticing socially starved

teens—who are developmentally incapable of fairly weighing risks and benefits—to

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2FCOVID-19-shots-for-teens-can-hit-legal-snags-and-parental-pushback%2Far->

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid->

_____ / _____ 5 _____

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnbc.com%2F2021%2F05%2Fsays-600000-kids-aged-12-to-15-have-received-COVID-shots-in-last-week-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
of the EUA expansion.⁴⁴

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2344&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

9. Vaccine manufacturers are overpromising what their COVID injections can do—for both adults and children. The COVID vaccines were not designed to block coronavirus transmission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2345&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
concerns%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21
.45

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2345&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

Thus, the vaccines' reported "effectiveness" pertains only to the injections' ability to lessen symptom severity

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F377%2Fbmj-2021-077777&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
.46

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2346&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

Moreover, effectiveness cannot be meaningfully understood unless one grasps the major distinction between relative and absolute risk

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2347&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
makers-claim-COVID-shots-95-percent-effective-what-does-that-mean%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21
.47

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2347&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

Reporting only relative risk, Pfizer declared its injection "100% effective"

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statnews.com%2F2021%2F05%2Fpfizer-authorizes-pfizers-COVID-19-vaccine-for-use-in-adolescents%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
adolescents%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21
" for 12- to 15-year-olds⁴²

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2342&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

on the basis of trials with 2,260 younger adolescents

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pfizer.com%2Fnews%2Fpress-release%2Fpress-release-detail%2Fpfizer-biontech-announce-positive-topline-results-pivotal&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>
pivotal&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21
and 18 cases of COVID-19 in the placebo group (versus zero in the vaccine group).⁴⁸

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchildrens-health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-child-get-a-covid-shot%2F%2348&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

These numbers equate to a "teensy-tiny"

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wired.com%2Fstory%2Fthe-covid-vaccine-is-not-what-you-think-it-is&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e21>

statistical-secrets-of-COVID-19-

vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1
" reduction in absolute risk49

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch
health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-
child-get-a-covid-

shot%2F%2349&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
of 1.59% (18 divided by 1,129 teens in the placebo group). When researchers do not
report absolute risk reduction, "reporting bias is introduced

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%
5247(21)00069-

0%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1
, which affects the interpretation of vaccine efficacy"50

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch
health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-
child-get-a-covid-

shot%2F%2350&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
—raising questions about the investigators' intent and integrity. Parents should also bear
in mind that Pfizer, according to independent analysis, doctored its clinical trial
effectiveness results for adults by excluding

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fblogs.bmj.com%2Fbmj%2F2021%
doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-
data%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0
thousands of participants who had symptoms identical to COVID but not confirmed by
PCR testing.51

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch
health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-
child-get-a-covid-

shot%2F%2351&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
Access to "full datasets and independent scrutiny and analyses

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%
5247(21)00069-

0%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C1
"50

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fch
health-topics%2Fknown-culprits%2Fvaccines-culprit%2Ftop-ten-reasons-not-to-let-your-
child-get-a-covid-

shot%2F%2350&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%
are needed to assess whether similar sleight of hand might have produced the magic
"100% effective" result for adolescents.

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uj3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83c55b863154aeba7a208d9f30fd072%7C11d0e217

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.

16. MedAlerts: Found 274 cases where Age is 6-or-more-and-under-18 and Vaccine is COVID19 and Serious

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2F>

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17. MedAlerts: Found 274 cases where Age is 6-or-more-and-under-18 and Vaccine is COVID19 and Serious

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2F>

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18. Redshaw M. 7 U.S. teens developed heart inflammation after second Pfizer vaccine, new study shows. The Defender, June 4, 2021.

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19. Redshaw M. 18-year-old undergoes 3 brain surgeries from blood clots after J&J vaccine. The Defender, Apr. 21, 2021.

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20. Redshaw M. Teen diagnosed with Guillain-Barré weeks after first COVID vaccine. The Defender, Apr. 6, 2021.

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21. Redshaw M. Teen hospitalized with blood clots in brain after first dose of Pfizer vaccine. The Defender, May 10, 2021.

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23. Petition/motion for administrative/regulatory action regarding confirmation of efficacy end points and use of data in connection with the following clinical trial(s)...

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26. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021
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From: gina-kevin

Sent: 2/16/2022 12:01:20 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: Questions

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!!!!!!

- A DISGUSTED, ANGRY MOTHER

From: Deborah Barbee
Sent: 2/16/2022 6:48:29 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: brknutson@comcast.net

Sent: 2/16/2022 2:11:13 PM

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)

Subject: Let's Move On!

External Email

All,

After 2 years, we have seen masks have had a negative impact and the shot doesn't work.

The government school system is turning into a mental institution. The kids in government schools are falling behind while those that can afford to do private or homeschool are pulling ahead. You are creating a further divide in society.

Greed has clearly taken over ISD in their Sept 21, 2021 letter to the Governor and Reykdal. They complained about not getting enough \$\$ "...allocate an additional \$2,000 per student to provide the Issaquah School District a more equitable allocation..."

Isaiah 40:31

Rozana

From: Brooke Roberge
Sent: 2/15/2022 9:04:40 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine mandates on children or anyone

External Email

Washington State Board of Health- please hear me, do not require a Covid 19 vaccine for children or anyone else for that matter. Covid is an endemic now, please get with the current data and let's all move on. No masks, no vaccine mandates.

Thank you,

BR

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:24:36 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\35ED13DDF5B34DBB_20220221180602165.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:06 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: 02.21.2022 18:06:02 (-0800)

Queries to: ricoh@doh.wa.gov

Coercion ≠ Consent

With, please vote to keep
our children safe and
healthy. Your vote to not
make our children have
to vaccine about you do
not know enough about.



Thank You
for Caring
Carla Messal

Sent via mail
to All Board
Members

P.O. Box 186
Cheney WA 99004

Are you kidding me?

Coercion ≠ Consent

Please do not support
corvid vaccine for children
to be a part of them going
to school. Our rights
should stand in this
as everything.

Carla Messal

Are you kidding me?

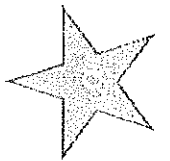
Coercion ≠ Consent

Please no to SB577
your vote can count for
the children by standing
for the rights they too
have. Please be with us
the people.

Thank You
Carla Messal

Are you kidding me?

Are you kidding me?



Please Support our Youth
And Vote NO on SB5777 TO STOP
Them From having TO Vaccinate
With Covid Shot. We should have
a choice For our Children.
Do the right thing And Stand for Freedom
God Bless

"I do solemnly swear
(or affirm) that I will
support and defend
the **Constitution** of
the United States
against all enemies,
foreign and domestic;
that I will bear true
faith and allegiance to
the same; that I take
this obligation freely,
without any mental
reservation or purpose
of evasion; and that I
will well and faithfully
discharge the duties of
the office on which I
am about to enter: So
help me God."

From: DOH Information
Sent: 2/23/2022 3:35:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\DB307A2DFCDB48AE_image001.png

Hello,

Below is public comment regarding the covid vaccine and 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 21, 2022 3:00 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:

Hello, PLEASE FWD TO BOARD OF HEALTH MEMBERS: Thank you for your consideration
with this information regarding Covid vaccines and safety concerns from Children's
Health Defense: [https://childrenshealthdefense.org/defender/physicians-scientists-kids-
should-not-get-covid-vaccine/](https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/physicians-scientists-kids-should-not-get-covid-vaccine%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7C4baeac618380413489c508d9f72528d2%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/physicians-scientists-kids-should-not-get-covid-vaccine%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7C4baeac618380413489c508d9f72528d2%3A)
Sincerely Melissa Moser

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:
MELISSA MOSER

Email:
(no answer)
Telephone:
5092218593

5.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Flegal%2Fgo-vaccine-injury-claims-mount-recourse-is-lacking-those-harmed-2021-10-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C89b3cbfcb69c458ce0a508d9f241c13c%7C11d0e2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=98WUgRtYD6E>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C89b3cbfcb69c458ce0a508d9f241c13c%7C11d0e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C89b3cbfcb69c458ce0a508d9f241c13c%7C11d0e>

Kyle Warner, a 29-year-old professional mountain bike racer, developed pericarditis, POTS and reactive arthritis...

<<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>>

Kyle's vaccine complication

From: Rip and Carla Steckel
Sent: 2/18/2022 1:32:40 PM
To: DOH WSBOH
Cc:
Subject: HIV is found in the vaccine. British Study

External Email

Why do you want to include the Covid-19 injection as part of the school immunization? Is it because the pharmaceuticals will no longer be liable to any litigation in any adverse reactions to the experimental vaccines? People are apparently getting HIV now from this human experiment. Why do you want to subject our children to something that doesn't have all the data in yet. Children are not at risk. Attorney Thomas Renz has litigation going now--for adverse reactions. He said from just one vaccine adverse reaction notification system, there have been at least 45,000 deaths from the vaccine. That is just one system. How many are there? 9 reporting systems? What about the myocarditis in the children...the youth, the athletes? and especially the boys are getting this. What about the permanent damage to the nervous, cardiovascular, reproductive and immune systems of children? Please stop this insanity. Do not require children to be experimented on.

-Carla Steckel

From: Jennifer Goldsworthy
Sent: 2/16/2022 8:07:53 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: Remove masking in schools

External Email

☐ ~~T~~Whom It May Concern,

Please stop this abuse on children. It needs to be done and it has been done practically everywhere else. So do it. You're already two years too late.

Sincerely,
Jennifer Goldsworthy
LWSD Parent☐

☐

Sent from my Iphone

On Feb 16, 2022, at 7:34 AM, Christina Mori <moricm2015@gmail.com> wrote:

☐

To whom it may concern,

I write today in hopes to share a different perspective on the disproportionate effects of masking or not masking our children and greater society.

Many of my family members are immigrants from Nicaragua that do not even speak English. In conversations with them over the past 2 years they have expressed great pain and frustration with language barriers and connection with others due to masks. They are depressed and lonely because these masks have ultimately separated them from a society in which they thought was about freedom and love for others.

To learn and develop a language you rely HEAVILY on facial expression, watching the mouth, and hearing tone. If my adult non speaking English family members are not even able to speak and understand the individuals that they should be trusting to help them, how in the world are CHILDREN able to!!! Day in and day out they are met with annoyance and an equal amount of frustration from important individuals that they are trying to communicate with to include teachers and classmates, placing them yet AGAIN in a SEGREGATED corner.

Countless individuals are discriminating against them more NOW than ever because of language barrier. We are country of acceptance and we are turning our backs on non-English speaking individuals ESPECIALLY children!!!

Show these children what our country is about and INCLUDE them in a welcoming, caring, and understanding learning environment and remove the mask mandate. Allow freedom of choice. It's a greater depiction of what our country is and should be about.

Deeply concerned multi-racial parent,

Christina
Bellevue School District

On Wed, Feb 16, 2022 at 6:58 AM karma crabtree <crabbykc22@gmail.com
<mailto:crabbykc22@gmail.com> > wrote:

School boards and superintendents,

I am writing to ask that you follow the example of Kettle Falls and Richland and disregard the unlawful order to force children to cover their faces against their will.

I know you care about kids... and I know that you care not just about their education and health, but about their human rights. Forcing a child to wear a covering over their face against their will is a human rights abuse.

Just two years ago, if you found that a teacher or a principal had created a policy to force kids to wear masks to stop them from "spreading disease", you would have taken action against them! And you would have cited the WHO and the CDC who agreed that masks were useless against airborne illness and that forced covering of the face and head is a historically a tool of subjugation and marginalization. Nothing has changed in those two years. Human rights must be defended everywhere, even here at home.

I know you care, and that you are not the villains. The villains are the evil men who claim to rule over you.... Jay Inslee, Umair Shah, Chris Reykdal, Dow Constantine, and Jeff Duchin. These males may mean well... but they are evil because they believe their opinion is enough to force a child to cover their face against their will. Evil is found in action, not just intent.

In the United States, the abuse of human rights by a government official is a CRIME. You are being instructed to carry out a crime. You do not have to do this. You not only have a moral obligation not to listen, but you have a legal right as well. An unlawful order can be disregarded. You will WIN if you sue, and you will WIN if you are sued.

Respectfully...

Karma Crabtree

Monroe & Bellevue School District

From: Heather Hall
Sent: 2/20/2022 6:22:39 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Deanna Dymarkowski
Sent: 2/21/2022 4:31:22 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Do NOT add COVID-19 for inclusion in chapter 246-105 WAC

External Email

Please watch this short video. Is the shot worth the risk?

<https://www.americasfrontlinedoctors.org/videos/post/protectthechildren-the-story-of-emma-burkey/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.americasfrontlinedoctors.org/the-story-of-emma-burkey%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C653e5139226f4e81bca708d9f59a89cc%7C11>>

I encourage you to look beyond VAERS data to collect facts about this experimental shot. While the presenters at the meeting on 2/17 had a lot of numbers to present, there was no mention of natural immunity which is scientifically recognized. What is the death rate of Kids dying from the virus? What is the rate of severe reaction in kids if they get the C19 virus? The speakers kept talking about "minor reactions" when it is abundantly clear the community is concerned about MAJOR side effects. Those presenting data at the 2/17 meeting spent WAY TOO MUCH TIME talking about minor side effects. Show a metric of "# kids hospitalized for C19, & # kids in ICU for C19, and #kids death from C19" by age group.

Someone in the 2/17 mtg asked "# cases of myocarditis in vaccinated vs unvaccinated. The answer was "it is hard to make a direct comparison". I would recommend the TAC look closely at the responses where "not enough data" and take that as a sign that it is TOO EARLY to put C19 vaccine on the 246-105.

While yes, people can request exemption from C19 vaccine for their child, it still does not belong on the 246-105 because it is too early. IF parents want their child to have the C19 shot, THEN they can get the shot and do not need to have it on the 246-105.

Lastly, please consider in your decision the following:

No info provided on natural immunity

Misleading PCR tests

Waning immunity of covid shots

Unknown long term adverse effects

No long term safety

----- Forwarded message -----

From: Deanna Dymarkowski <ddymar11@gmail.com <mailto:ddymar11@gmail.com> >
Date: Thu, Feb 17, 2022 at 8:33 AM
Subject: Do NOT add COVID-19 for inclusion in chapter 246-105 WAC
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

I'm writing to request the COVID-19 shot to NOT be included in 246-105.
The vaccine is an EAU only, has not been tested, and children are of lowest risk of death.
C19 is waning, and should be treated as the cold/flu.

Whether or not to put something like this shot into a child's body is a parental decision,
not a state or federal decision to make.

Sincerely,
Deanna Dymarkowski
Ephrata, WA. 98823
509-761-1128

From: Sarah Darboe
Sent: 2/22/2022 9:54:02 AM
To: DOH WSBOH
Cc:
Subject: Reject The Vaccine Mandate On Children

External Email

Dear Health Board,
I know you are meeting this Thursday to discuss mandating the COVID vaccine. I am surprised that this is even being considered since we are entering the Endemic phase of this virus. Shouldn't this vaccine be looked at more like the flu shot which is not mandated? Are you going to mandate boosters? Why the rush pushing this through when the vaccine is so new, and the virus is constantly mutating. We also know children have the lowest risk to COVID and a higher risk to the vaccine.

If this Vaccine is mandated, I will be pulling my children from Public schools.

Best regards,

Sarah Darboe
Concerned Parent

From: Sherry Fout
Sent: 2/25/2022 1:49:50 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: Scott Sprecher
Sent: 2/25/2022 2:06:36 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: DOH Information
Sent: 2/17/2022 10:34:37 AM
To: DOH WSBOH
Cc:
Subject: Vaccination comment



attachments\89DF3FF60D604A17_image002.png

Hello,

This is intended for the Board/TAG consideration of COVID-19 for inclusion in chapter 246-105 WAC.

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 16, 2022 10:01 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 wish to go on record as to supporting the proposed desire of the State Health Department to have younger age children vaccinated. I believe our state leaders and the health care workers have our best interest at heart and that their primary concern is the welfare of the citizens of the state, especially our children! As a pastor I so apologize for the "anti" attitude of many (not all of course) church and Christian people. It has been very sad for me and many others in our church to see this attitude of people in general but especially those who supposedly are to look at things with a Christian (Godly) perspective. What a frustrating position all of you have been in. I thank you very much for your service and wish you well. Ed Dashiell

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:

Edwin Dashiell

Email:

ed.dashiell.ced@gmail.com <mailto:ed.dashiell.ced@gmail.com>

Telephone:

5097225371

5.

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

ed.dashiell.ced@gmail.com <mailto:ed.dashiell.ced@gmail.com>

From: Vanessa Childress-Pugh
Sent: 2/27/2022 10:07:50 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: Phil and Karen
Sent: 2/18/2022 12:22:52 PM
To: DOH WSBOH
Cc:
Subject: Covid vax

External Email

Only parents should decide to have their children vaccinated . Is not for the government . The Lord our God Y'SHUA/Jesus only gives that privilege to the parents . Stop government tyranny.

Also Covid 19 is a bio- weapon / protein spike and has not been certified . We the people need to stand up for our God given rights . Shalom a grandmother. We will vote all you democrats out .
Karen Simons

Sent from my iPhone

From: lilone1pimpeist@yahoo.com
Sent: 2/24/2022 11:55:08 AM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccine School

External Email

I will pull my kids from public school if you require this vaccine. Do you not listen to the public?

From: Papa Rich
Sent: 2/24/2022 9:59:04 AM
To: DOH WSBOH
Cc:
Subject: TAG team Covid shot recommendation

External Email

Team

I oppose recommending making Covid shots/boosters a requirement for attending Washington State schools. I especially oppose requiring an emergency use shot. Though it's been in the media that there is an approved shot it is not the shot that's being administered today in Washington State. Not only will the Washington State administration be culpable to any side effects that our students may experience in the near future but also in the distant future I also would consider the TAG team culpable based on a recommendation to require the shot. These shots don't prevent contracting or spreading Covid virus and add other health risk to our children.

Also per Bill Gates, Once the current surge abates, countries can expect to see "far fewer cases" through the rest of 2022, Gates wrote on Tuesday during a Twitter Q&A <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fdevisridhar%2Fstatus/1498888888888888888>> with Devi Sridhar, chair of global public health at the University of Edinburgh. Once that happens, Gates continued, Covid can most likely "be treated more like seasonal flu."

Is your team working with current data? Based on what I've watched and listened to your studies are already outdated. I feel comfortable saying that even Mr Gates would agree.

Please leave the children's healthcare in the hands of every parent. Those that choose to have their children receive the shot and those that choose not to have their children receive the shot.

Perhaps some stipulations should be included in any recommendations.

Respectfully
Rich Wickline

From: Marcia Warby
Sent: 2/18/2022 9:36:04 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

PLEASE DO NOT REQUIRE VACCINES FOR CHILDREN!!! THIS IS AN EXPERIMENTAL,
GENE ALTERING NON VACCINE!!!

THANK YOU,

Marcia Warby

From: straightarrow
Sent: 2/24/2022 10:43:47 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 Required Immunization for Child Care & School Entry

External Email

Regarding: COVID-19 for the state's list of required immunizations for child care and school entry.

The board's web page contains the following statement:

"The Board has authority under RCW 28A.210.140 to adopt rules establishing the procedural and substantive requirements for full immunization. Chapter 246-105 WAC governs the immunization of children in school and childcare against certain vaccine preventable diseases."

It has been proven the COVID vaccine does not prevent contraction of the virus and does not prevent the spread of the virus by the vaccinated. These two facts alone should be sufficient enough to defeat any notion that the vaccine should be added to the immunization schedule for children or for entry into child care or schools.

Thank you for your consideration and service.

Scott Berry

Sent with ProtonMail

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

From: Jerry Ludke
Sent: 2/20/2022 3:41:20 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children - A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Jerry Ludke

Port Angeles, WA

(360) 457-3214

From: Deanna Leslie
Sent: 2/17/2022 12:27:43 PM
To: DOH WSOB
Cc:
Subject: Criteria # 4 Comments

External Email

Dear Members of the Washington State Board of Health,

I would like you to consider the following when deciding whether the covid-19 shots fulfill

criteria #4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.

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.

A recent

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-biontechcovid-19-vaccine-emergency-use-children-5-through-11-years-age> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Ffda-authorizes-pfizer-biontechcovid-19-vaccine-emergency-use-children-5-through-11-years-age&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>>

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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F148542/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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience/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://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fadverse-events-by-state&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

state&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217

<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%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

<https://www.c19vaxreactions.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c19vaxreactions.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.realnotrare.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

<https://www.medalert.org>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalert.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-th>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fpdfs%2Fus-covid19-vaccines-proven-to-cause-more-harm-th%2520an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

covid19-vaccines-proven-to-cause-more-harm-th%2520an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217

an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p

an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fpdfs%2Fus-covid19-vaccines-proven-to-cause-more-harm-th%2520an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217>

covid19-vaccines-proven-to-cause-more-harm-th%2520an-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0e217

1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7

df

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fpdfs%2F2021/12/14/covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific-->

1811.p%2520df&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7

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-overwhelm-ing-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>

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page 12

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

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Department of Defense Information

Finally, there has been a significant increase in medical diagnoses of military personnel in 2021 <https://www.ronjohnson.senate.gov/2022/2/sen-johnson-to-secretary-austin-has-dod->

seen-an-increase-in-medical-diagnoses-among-military-personnel
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2020/08/12/ron-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10bc63a4ea6846f1af5608d9f253ba2b%7C11d0>

By significant I mean, Hypertension – 2,181% increase, Diseases of the nervous system
– 1,048% increase

The covid-19 shots cause more harm than good and DO NOT meet criteria #4. So, please

do not approve them for criteria #4. If you disagree with my reasons, please let
me know why you disagree.

Sincerely,

Deanna Leslie
Concerned Washington State Resident

From: liliana Benavides
Sent: 2/15/2022 8:36:55 AM
To: Ramsey Ramerman, Tyler Litzenberger
Subject: Re: SuperBowl & The Big Game



attachments\E7585713CA294EEE_image002.jpg

External Email

After watching the Superbowl, enough is enough. NO MORE MANDATES

Liliana Benavides
425-463-9720 Cell

From: Ramsey Ramerman <ramseyramerman@gmail.com>
Sent: Tuesday, February 15, 2022 8:26 AM
To: Tyler Litzenberger <TLitz@vectorrecorp.com>
Cc: Dasegowda Lokesh Marenayakanapalya <lokeshtmd@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; maraldom@issaquah.wednet.edu <maraldom@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu <schoolboard@issaquah.wednet.edu>; weavers@issaquah.wednet.edu <weavers@issaquah.wednet.edu>; mullings2@issaquah.wednet.edu <mullings2@issaquah.wednet.edu>; moorea@issaquah.wednet.edu <moorea@issaquah.wednet.edu>; 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@ussaquauh.wednet.edu <weavers@ussaquauh.wednet.edu>; mullings2@issaquauh.wednet.edu <mullings2@issaquauh.wednet.edu>; mooorea@issaquauh.wednet.edu <mooorea@issaquauh.wednet.edu>; maraldom@issaquaug.wednet.edu <maraldom@issaquaug.wednet.edu>; thieler@issaquah.wednet.edu <thieler@issaquah.wednet.edu>; schoolboard@issaquauh.wednet.edu <schoolboard@issaquauh.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

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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

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: Kirsten Weinmeister
Sent: 2/22/2022 8:34:58 PM
To: DOH WSOB
Cc:
Subject: Public Comment re vaccine schedule.



attachments\BFA0BDAA85764316_FB_IMG_1645229177363.jpg

attachments\21E6E891BBD14841_Screenshot_20220203-144106_(1).png

External Email

Yes. I would like to comment on the vaccine. Please do NOT add it to the vaccine schedule! There are too many unknowns! This list is increased issues as tracked by the DOD this last year. 1000 fold increase in neurological issues for one. Vaers reports birth malformations up by 75 per month! The virus is shed by vaccinated people, and then they still got the virus! The virus which is no longer viable! They are finding that the lipid nano is concentrating in the female ovaries, which is a problem, and, pathologists were finding blood clots that were very long in vaccinated people whom had died. I believe in part, due to the long congener. Also, the vaccine doesn't work! It DOES change the DNA, does not stay in the muscle. It passes every blood & brain barrier, and does wipe out the body's innate adaptive immune system. If you have to get a vaccine every six months, what's the point? People died due to the treatment (remdesivir) & intubation and the forced requirement of not using remedies that were known to work, and lack of hospital capacity that was poorly planned for. Do not do this to the children! You need to be ready for the next pathogen! This one has mutated down to a mild flu. This is NOT a vaccine, it is gene therapy- with 2 prolines inserted into the furin ace2 receptor-experiments that were shut down in the late 90s due to test subjects dying or getting leukemia, which has been shown through xrays 1 mo. after vaccine increased leukocytes amassed in the body. (Dr. Jane Ruby). People who recently died may have so a week or so after the vaccine being considered unvaccinated as some soon after 2nd shot, were considered unvaccinated. The goal posts kept being moved, just as the data from the Doh website with bad data in 2020, the PCR tests were never meant to be used to detect this virus set at 30 cpm, and, why did you pass the vaccine 146-100 to include AIDS unless you know something others don't like why are the vaccinated Africans getting HIV after being vaccinated?! This has been a tragic end to a tragic story, that made millions for the CEO's of Pfizer, J&J, AstraZ that just stepped down, by the way, with Fauci up by 16 million, and the only way they could introduce mRNA gene therapy after being shut down by the federal government! Read "Genetics, the Hype Hope and Reality.

Thanks for your consideration of this important request to abandon this obsession of the Covid 19 vaccination that doesn't work. Do you remember the mice they treated with mRNA in Australia to get rid of the mice population? The mice expressed the virus to other mice & they became sterile too! I think that's what we have going here! Let's get to the next hemorrhagic fever and stockpile that antidote and start building hospital capacity & give nurses their jobs back!
Kirsten W.

From: Sue Magruder
Sent: 2/21/2022 4:48:31 PM
To: DOH WSBOH
Cc:
Subject: Vaccine and immunity before your vote.

External Email

Honorable board members,
Please do not mandate children receive mandatory covid vaccinations. The children are not susceptible to covid unless they have comorbidities. Even with that it should still be a parents or guardians choice.

Although the CDC is not releasing all data, which is the discredit to them, other reliable counties are and they are calling natural immunity the vaccine large pharmaceutical companies did not create.

All this brings into question the effectiveness and time tested results of these vaccines. Please do not use your power to implement a flawed and data-limited plan. Let parents and guardians make that choice.

Thank you
Sue Magruder

Sent from my T-Mobile 5G Device

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Gary Green
Sent: 2/18/2022 11:21:14 AM
To: DOH WSBOH
Cc:
Subject: Children Covid-19 Vaccine

External Email

CHILDREN DON'T NEED A COVID VACCINE SHOT!!
THEY AREN GETTING SICK!!

--

Gary Green

From: Michelle Ranous
Sent: 2/18/2022 1:56:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

We do NOT want or NEED covid vaxxx requirements for the underperforming schools we already are paying way too much for.

Michelle Ranous

External Email

"washington state board of health"
As-it-happens update □ February 26, 2022

Advisory group votes against Washington requiring COVID vaccine for students -
MyNorthwest.com
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com/search?q=advisory-group-votes-against-covid-vaccine->

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe>

Send Feedback

From: Marjorie Byrd
Sent: 2/24/2022 10:02:56 AM
To: DOH WSBOH
Cc:
Subject: Public Comment vaccine requirements for schools

External Email

I keep hearing all the data and reasons why school age children should be required to be vaccinated against Covid, but I don't understand why they are not presenting the other side to this argument. Maybe you should have some studies by Dr. Robert Malone who helped create the vaccine? More and more data keeps coming out how this "covid plandemic" has come about, so why do you keep pushing this agenda and now on our children. Also, I'd like to hear why the WA State Board of Health thinks they should be able to force parents to vaccinate their children, don't you think putting the data out and letting parents decide for themselves would be better? If you think the board should have this authority, I would like to know WHY.

Thank you,

Margie Byrd

Packbyrd2016@gmail.com

From: Robert Holte
Sent: 2/22/2022 10:51:35 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: Erica Griffith
Sent: 2/24/2022 10:48:23 AM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C42c78b52961340e5262508d9f7c63a>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C42c78b52961340e5262508d9f7c63a>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C42c78b52961340e5262508d9f7c63a>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Erica Griffith
Sent from my iPhone

From: Joan Belady <<mailto:jbelady@outlook.com>>
Sent: Wednesday, February 16, 2022 10:30 PM
To: nathaniel.thai@sboh.wa.gov <<mailto:nathaniel.thai@sboh.wa.gov>>
Subject: FW: school vaccine schedule

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: Joan Belady <mailto:jbelady@outlook.com>
Sent: Wednesday, February 16, 2022 10:25 PM
To: Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>
Subject: FW: school vaccine schedule

Sent from Mail

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for Windows

From: Joan Belady <<mailto:jbelady@outlook.com>>
Sent: Wednesday, February 16, 2022 10:01 PM
To: michelle.davis@sboh.wa.gov <<mailto:michelle.davis@sboh.wa.gov>>
Subject: school vaccine schedule

Dear Ms. Pskowski,

Thanks you for representing the WA BOH on this very critical manner of children's vaccine schedule. My recommendation to you and your members, as a health professional myself, are simple at this time. Resource Judy Mikovits who is a scientist from NIH and NCI and Frank Russetti. They are whistleblowers who have basically revealed in their books Ending Plague, Plague of Corruption, and Plague

Besides the work of Joseph Mercola and Robert Kennedy JR and Dr. Vernon Coleman from the UK.; That our global vaccine vat is contaminated!. By making vaccines from monkeys and mice, we have created new human viruses and retroviruses that have caused more new animal/human compatible viruses than existed before the onset of vaccine manufacturing. It is a system that must be stopped and reconfigured over years before it could ever be safe to give our adults, let alone children and babies; We must stop vaccinating and when and if we ever return to it, we must make vaccine makers

liable for their product.

I will be happy to offer you any further info I can on this matter. As far as the COVID 19 VAX, It is nothing more than an attempt at genocide and it must be stopped.

Thank you for your time and serious consideration. Sincerely, Joan Belady

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F%3Fid%3D%263908E1-2686-4F2D-B7F1-17B82A81B51F>>
for Windows

From: Nicole Cagle
Sent: 2/19/2022 9:09:39 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: Randall Snell
Sent: 2/25/2022 2:05:13 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: Katrina Gagner
Sent: 2/17/2022 7:34:43 AM
To: Hannah Markham
Subject: Check out this tweet from Dr. Umair A. Shah (MD, MPH)

External Email

Read the comments!

https://twitter.com/ushahmd/status/1492582271127224320?fbclid=IwAR0dDwjJckQaoMIqqt9M7rBib6dzU1XD_mozDECKTs9isiD5X9D5b8mQ
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fushahmd%2Fstatus/1492582271127224320&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C07679ea1ae404e409a7>>

How fun for you to get to hang out with 70K maskless spectators and cheer your sports team! Way to go! I seriously think the Super Bowl is a great American Tradition and I'm so glad it's upheld.

I would argue that what kids are doing every day in the classroom is even more important than this American Tradition. It is very distracting to have to wear a mask all day. How many of you who make these rules have tried wearing a mask for 7 hours in one day? How long does it take for your mask to stink? You know how to suck up the snot in your nose. How nasty is a 7 hour allergy-prone child's mask? Full of snot, food, dirt.

Please take the masks off our children. The parents who are fearful of their kids getting sick without masked peers should be lovingly educated about the facts. There is a fear epidemic. As for Depression- yes, isolation causes depression. Not seeing faces is another form of isolation.

With Love,

Katrina

From: dboitano@gmail.com
Sent: 2/20/2022 9:43:33 PM
To: DOH
WSBOH,shauna.muendel@doh.wa.gov,somalihealthboard@gmail.com,mybarra@michc.org

Subject: Vaccines for School Children - A Second Opinion

External Email

To Our State Leaders - Patty Hayes, Temple Lentz, Tom Pendergrass, Mohamed Shidane and Shauna Muendel:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you,

Dave Boitano

Parent and Resident of Tacoma, Washington

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

Sent from Mail

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for Windows

From: Pat Keating
Sent: 2/26/2022 7:57:04 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: Schreiber, Tracy N (SBOH)
Sent: 2/17/2022 4:19:16 PM
To: DOH WSOH
Cc:
Subject: FW: Parent concern



attachments\C5BCD362E3A34E4F_f3150d75-4c8d-4744-9677-9f942b96a35e.jpg

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Jen Edington <jenedington@gmail.com>
Sent: Thursday, February 17, 2022 11:11 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Parent concern

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: Jenna DeWitt
Sent: 2/16/2022 9:01:13 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please explain how the Covid 19 vaccines can be considered effective in the school setting when they do not prevent infection or spreading of the sarscov2 virus? This vaccine is like the flu vaccine, wich is only a recommended vaccine not a requirement. It only lessens the likelihood of illness and severity and cannot guarantee even that against future varrients.

As for the safety, that is in question as well. The increased risk of heart issues in certain age groups, means it does not meet that requirement either.
And we are yet to see if younger children will have future heart issues.

Will you also be considering previous infection as an exemption to vaccination, as with the varicella vaccine?

Think about what will happen if parents are coerced into giving their children this vaccine to recieve their guaranteed public education and then there is a long term adverse consequences. How will you feel about being held responsible ?

A concerned parent,
Jennifer DeWitt

From: Farhad Mazandarany
Sent: 2/21/2022 9:13:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comment-Review of Criteria 2 and 4



attachments\596C71E353C94825_image.png

External Email

This is regarding Washington's BOH TAG meeting on Feb 17, 2022 to review and vote on criteria 2 and 4 for school children as related to the Pfizer Covid -19 vaccine. Criteria 2 and 4 are reproduced below from what was given to TAG members at the meeting:

Criterion #2: The vaccine containing this antigen is effective as measured by immunogenicity and population based prevention data in Washington State, as available.

Criterion #4 Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.

Comments:

The data presented regarding immunogenicity, and its durability was entirely based on delta and earlier variants. No coherent and controlled study was presented with regards to immunogenicity relative to the currently dominant Omicron variant. This renders the data presented practically irrelevant; particularly in view of the established fact, by now, that the immune response of the vaccine in question is relatively poor for Omicron and wanes rapidly. This is self-evident from the massive wave of Omicron in the last few months even in localities around the world with highly vaccinated populations. While boosters have offered some protection against Omicron severe outcomes, the durability of this effect is, as of yet, not established.

The presentations on the safety of the vaccine in question tended to minimize the significance of the data in VAERS primarily because it is voluntary and does not establish causality. The following facts about VAERS are relevant:

1. VAERS was introduced by CDC some 32 years ago as a system to generate early safety signals, particularly useful at the point of introduction of a new vaccine. The fact that it is voluntary and very cumbersome to report makes it extremely under-reported, not unreliable.

2. VAERS generated an exceptionally loud signal in 2021 when the total # of events reported in this one year, after being adjusted for the # of injection, was much larger than the sum total of all events generated in the past 32 years.

3. While highly under-reported, the quality of the data entered is very high. Over 70% of the data is entered by healthcare professionals, and all entries are carefully vetted by CDC. Fraudulent entries are considered a federal crime!

4. A Dept of Health and Human Services Grant was awarded to Harvard Pilgrim Health Care in 2009 "To develop and disseminate HIT evidence and evidence-based tools to improve healthcare decision making through the use of integrated data and knowledge management". It established that "fewer than 1% of vaccine adverse events are reported" in VAERS. It made the following statement in its final report regarding follow ups with CDC to improve the data collection system: "Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."!!!!. In short, CDC was not interested. Reference:

<https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine->

adverse-event-reporting-system

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fahrq-funded-projects%2Felectronic-support-public-health-vaccine-adverse-event-reporting-system&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf6a592a8332420682cb08d9f55d38bd%7C11d0e1>

5. Using a methodology recommended by CDC, as well as other methods by a # of statistical experts suggest the 2021 VAERS under-reporting factor is 25-45; i.e, 2-4% of the events were reported in 2021. Reference:

<https://rupreparing.com/news/2021/10/26/why-wont-the-cdc-or-fda-reveal-the-vaers-urf-steve-kirsch-october-25-2021>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frupreparing.com%2Fnews%2F2021-wont-the-cdc-or-fda-reveal-the-vaers-urf-steve-kirsch-october-25-2021&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf6a592a8332420682cb08d9f55d38bd%7C11d0e1>

6. While VAERS was never intended to establish causality of events to the vaccines in question, one can demonstrate clear causality using the well-accepted Bradford Hill causality criteria. Reference https://jessicar.substack.com/p/the-bradford-hill-criteria?utm_source=url

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjessicar.substack.com%2Fp%2Fthe-bradford-hill-criteria%3Futm_source%3Durl&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf6a592a8332420682cb08d9f55d38bd%7C11d0e1

7. The fact that CDC failed to follow up on the causality question in the face of a loud and clear safety signal from VAERS, does not invalidate the existence of causality, nor does it provide an acceptable excuse for CDC's incompetence and/or negligence.

8. The Centers for Disease Control and Prevention (CDC) says the risk of myocarditis and pericarditis in adolescents who get the COVID-19 vaccine is "extremely rare" and "most cases are mild.". But those assurances conflict with the agency's own data. The CDC's Advisory Committee on Immunization Practices (ACIP) presented this disturbing information (see chart below

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadvisory-committee-on-immunization-practices%2F2021-06%2F03-COVID-Shimabukuro-508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf6a592a8332420682cb08d9f55d38bd%7C11d0e1>

) during its June 23, 2021 meeting convened specifically to address the risks of myo/pericarditis in 12- to 15-year-olds who received Covid vaccines. The incidence of this potentially lethal condition is significantly higher in the vaccinated ("Observed" column) compared to the background rate ("Expected" column), especially in males in the 18- to 24-year-old age range. In the 12- to 17-year-old male cohort, the risk of myo/pericarditis is at least 11 times higher than the background rate. With more than 2 million doses administered at the time when these cases of myo/pericarditis were identified, we can be confident these data represent an undeniable safety signal, notwithstanding the large under-reporting factor (URF) in VAERS. One arm of CDC, ACIP, is drawing directly from VAERS data, a system specifically designed to monitor for safety signals when vaccines are administered to the public, with alarming information and yet another arm of CDC assures the public that "Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem." How do they know that in the absence of autopsies, analysis and any scientific investigation to establish or refute causality. They proceeded to ignore ACIP recommendation against approving the vaccines for this age group, and it was approved! At least we can take solace in the fact that these vaccines are not mandatory for these children, yet!

In this well documented report drawing from several credible sources, we get clear confirmation of what we have known for about two years now: no Covid deaths in

healthy children. That is what Germany and Sweden have reported for the last two years! And this was with the more deadly variants before Omicron, and with Sweden never imposing masks and closing schools, or businesses!

Reference <https://brownstone.org/articles/sweden-and-germany-no-deaths-in-children-due-to-covid/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fsweden-and-germany-no-deaths-in-children-due-to-covid%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf6a592a8332420682cb08d9f55d38bd%7C11d>

In my comments regarding the BOH TAG meeting of Feb 10, 2022, I presented data from the UK that showed only 3 Covid deaths occurred in less than 19 year old healthy children over the past 2 years in England+Wales, total population of about 60 million.

There never was any scientific, ethical or moral justification to impose anything on children, let alone mandatory Covid vaccines. Children were never at risk with COVID, nor do they present risks to other children, to teachers and other adults.

Is the State of Washington justified to even contemplate imposing mandatory Covid vaccinations for all school age children, health or not? I certainly hope not.

I thank you for the opportunity to participate in this extremely important process.

Regards,

Farhad Mazandarany

From: Sara DeVito
Sent: 2/25/2022 11:58:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members

External Email

Dear WA State Board of Health,

The Technical Advisory Group stated during their previous meeting that children can develop rare cases of multisystem inflammatory syndrome (MIS-C) after contracting COVID, and that the possibility of developing this syndrome is a justification for vaccination of school children. Please note that COVID vaccination can also cause MIS-C, and thus the theoretical prevention MIS-C is not a sound rationale for vaccination. Please review the following recent study that was published in The Lancet:

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00028-1/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00028-1/fulltext)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F00028-4642\(22\)00028-1%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C85b0573a1d484eb7b96908d9f898cb42%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F00028-4642(22)00028-1%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C85b0573a1d484eb7b96908d9f898cb42%7C)>

Thank you for your attention to this matter,
Sara

From: Corbin Walters
Sent: 2/23/2022 9:28:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\20C9D92632F647F5_image0.jpeg

External Email

To: WSBOH Technical Advisory Group

> I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

>

> There are currently no FDA Approved COVID19 vaccines available in the USA. The only COVID19 vaccines available are experimental and under EUA and are not approved.

>

> It is now clear that COVID19 vaccines do not prevent SARS COV2 infection and do not stop transmission, therefore they cannot stop the COVID19 pandemic.

>

> Children are at extremely low risk for serious illness, hospitalization and death from SARS COV2 infection.

>

> There is zero long term safety data for these EUA vaccines, especially for their use in children. One of the most disturbing aspects of this are the unknowns surrounding reproductive health and pre-puberty vaccination. Extrapolary data gathered from adult populations is not meaningful when applied to children.

>

> CDC data shows a substantial increased risk of myocarditis and myopericarditis in vaccinated youth and young adults, especially among males. Males 12-15 years old show rates up to 100x background for myopericarditis.

>

>

>

> Children are not a significantly fertile environment for SARS COV2 to grow and thrive. COVID19 is a disease that is a concern to the elderly, and not to children. We do not vaccinate the elderly against Mumps; similarly, there is no need to vaccinate children against COVID19. Since COVID vaccines do not stop transmission, and children are not at significant risk from COVID19, since there is no long term safety data for COVID vaccines and our children have their whole lives ahead of them, there is no valid risk/reward evaluation that can be made for COVID19 vaccines in children. Therefore, informed consent is not possible.

>

> First, do no harm...

>

> Corbin Walters

> Steilacoom, WA

>

> Sent from my iPad

From: Patt Weber
Sent: 2/16/2022 3:41:40 PM
To: DOH WSBOH
Cc:
Subject: NO COVID MNRA FOR CHILDREN TO ATTEND SCHOOL

External Email

The vaccine presents more risk to children than Covid-19. The shot has the potential to cause myocarditis and permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Please do not require Covid MRA for children to attend school.

Thank you, Patt Weber

stop vaccinating and when and if we ever return to it, we must make vaccine makers liable for their product.

I will be happy to offer you any further info I can on this matter. As far as the COVID 19 VAX, It is nothing more than an attempt at genocide and it must be stopped.

Thank you for your time and serious consideration. Sincerely, Joan Belady

Sent from Mail

[illegible]

for Windows

From: Debra Wells

Sent: 2/17/2022 1:12:44 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), 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: Pandemic or Endemic

External Email

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%7C3b1ca011e1284f25951908d9f25a3b2e%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%7C3b1ca011e1284f25951908d9f25a3b2e%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%7C3b1ca011e1284f25951908d9f25a3b2e%7C11d0e2

<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%7C3b1ca011e1284
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%7C3b1ca011e1284f25951908d9f25a3b2e%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.

Figure 1: US weekly deaths by age group. Data
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fdata%2Fdeaths%2Fweekly%2Fweekly-deaths-by-age-group%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%2Fmortality%2Fweekly%2Ffigures%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?



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%7C3b1ca011e1284f25951908d9f25a3b2e%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.

children under 18. Please vote NO on requiring Covid vaccines for

Debra Wells

From: Kahler, Kelie (SBOH)
Sent: 2/24/2022 2:08:05 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Rachel Bennett-Living the Northwest Life <rae.bennett10@gmail.com>
Sent: Thursday, February 24, 2022 2:07 PM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Rachel Bennett -mom of 4

From: Kirby, Kristin @ Bellevue
Sent: 2/17/2022 11:09:46 AM
To: DOH WSBOH
Subject: Today's Meeting Questions

External Email

Hi,

I'm attending the online zoom, however, I'm not able to raise a hand or chat. I understand the chat is disabled.

I do have questions that I would like answered:

1. Please explain why the "subject matter experts" are all saying the same thing or all have the same opinion. How is this helpful to the department to make a full analysis and decision?
2. Please address the below statistics, taken straight from the WA State Department of Health, and explain why we're even talking about this age group requiring a vaccine they don't need. It seems very negligent based off the numbers and data of what is actually happening here in WA State.

Of the WA State under 18 population - 2.2% have had Covid.

This week's data of under 18 population - .15 (rounded UP) has Covid now.

2.2.22 Data:

Covid cases of under 18 population - .95%

Of those cases - .015% were hospitalized OR .003% of the total under 18 population

15 deaths, all time = 0.00090357635521394% of that population

How does this warrant a vaccine? Keep in mind also, vaccinated and boosted people are still getting Covid. In fact, in my personal life, everyone I know who has Covid is vaccinated and or boosted.

3. How much money would schools potentially get from the government for each child registered as being vaccinated?
4. Because the virus keeps mutating, and in turn gets weaker, why would we mandate a vaccine that isn't effective against these mutations and further mutations.

5. Why are we comparing small pox vaccinations to these vaccinations? They are not the same type of virus at all. Flu/Covid will never be eliminated.

Thank you,

Kristin Kirby
Assistant Real Estate Manager
CBRE | Property Management
T +1 425 365 0790

kristin.kirby@cbre.com <<mailto:kristin.kirby@cbre.com>>

From: Tyler Black
Sent: 2/15/2022 11:19:20 PM
To: DOH WSBOH
Cc:
Subject: Vaccination of Children should not be required at this time.

External Email

I still don't agree with vaccination of Children with COVID vaccines due to still not enough data provided from independent sources. The efficacy of these vaccines preventing the Omicron virus has also not been tested at this time. So until sufficient data has been independently verified that the most recent variant of COVID is covered by vaccination. Children should not be required for school attendance to be vaccinated.
Concerned Parent,
Tyler Black

From: mm
Sent: 2/28/2022 9:09:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello

I wish to express my OPPOSITION to the Covid 19 shot behind added to the school entry requirements for any student in WA state.

Regards

Marti Moore Baillargeon

From: Bethany Gray
Sent: 2/21/2022 11:43:51 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the vaccine being used today was for the original COVID-19 virus of two years ago. Most healthy Children, according to scientific research, are not at risk for severe illness or death from this virus. Causing our healthy children to take part in a vaccine schedule that causes more harm than good is unthinkable. There are NO Long term studies for this new MnRA vaccine. Why experiment on our Future?? Our children are the future. Anybody who votes to require anyone to take an experimental vaccine will be held accountable. Don't kill our future!

Bethany Gray

From: Testify Online Survey
Sent: 2/23/2022 6:32:32 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/24/2022

2.

Agenda Item or Issue:

COVID-19 Vaccine

3.

Your Name:

Wei-hsung Lin

4.

Do you have a professional title?

1. Yes

MD, Ph.D

5.

Are you representing an organization?

2. No

6.

Address:

6658 OPAL CT

7.

Email:

desertforest1@gmail.com

8.

Phone Number (Include Area Code):

5093083931

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a medical doctor, and a trained scientist. I have treated many patients with Covid and with vaccine injuries.

10.

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

1. Yes

Proposal is to include Covid-19 vaccine as required vaccination for schools.

11.

Are you Pro or Con on the proposal?

2. Con

1. The Covid infection on school age children and youth is generally mild. 2. The vaccine developed using the wild type virus has proven ineffective against the Omicron strain that is currently going on, and there is ZERO reason to believe it to be effective against future strains. 3. There is already greater than 50% naturally acquired immunity due to infection from previous waves including the Omicron. 4. All currently available vaccines use genetic technology to produce spike protein subunits in our bodies. Spike protein is the toxic part of Covid-19 virus, and there has been very substantial number of deaths and severe injuries due to the vaccine, even over the short term. We do not even know about its long term effects. Please DO NOT FORCE this into the bodies of our innocent kids. History will not judge you kindly.

From: Deb Billing
Sent: 2/18/2022 9:43:33 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The vaccine is is under emergency use approval. No long term effects on children have had time to be studied.

Children are low risk for Covid or complications.

The vaccines are not working for any age group.

There are too many vaccine injuries to risk these on children.

Sincerely,

Deborah Billing

Sent from my iPad

From: Galen Bennett
Sent: 2/16/2022 7:47:03 AM
To: DOH WSBOH
Cc:
Subject: Characterization of Covid-19 Vaccine by Co-Chair Pendergrass

External Email

☐

☐Hello,

During the TAG Meeting on 2/10/2022, co-chair Dr. Thomas Pendergrass falsely stated that the Covid-19 vaccines were not created to prevent infection, when that is exactly what we have been told they were capable of doing from the beginning. Not only is this irresponsible misinformation, but if it were true as he claims then the vaccine explicitly does not meet Criteria 5 put forth by the Board.

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.

So either they were never created to prevent infection/disease and thus do not meet the criteria, or they were and the data now clearly indicates they do not prevent disease and so also do not meet the criteria. There is nothing that indicates reduction of severity should be considered.

A unanimous vote affirming Criteria 5 for the Covid-19 vaccine shows that this group is not objectively analyzing the data and is not fulfilling their intended duties. This needs to be addressed immediately by the Board if you wish to maintain the legitimacy of these proceedings.

Galen Bennett

From: Lisa Buchanan
Sent: 2/24/2022 11:56:49 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1819a97cbeb440abf5e308d9f7cfca86>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1819a97cbeb440abf5e308d9f7cfca86>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1819a97cbeb440abf5e308d9f7cfca86>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: DOH COVID Vaccine
Sent: 2/23/2022 3:25:59 PM
To: DOH WSBOH
Cc:
Subject: FW: Against Covid Vaccine Mandate and Requirements

Public comment

From: Joshua L. Powers <joshua.powers@gmail.com>
Sent: Wednesday, January 5, 2022 10:11 PM
To: DOH COVID Vaccine <COVID.Vaccine@doh.wa.gov>
Subject: Against Covid Vaccine Mandate and Requirements

External Email

Hello,

On behalf of my family of 10, I strongly oppose any vaccine mandating or requirements related to COVID-19 for adults or children in any circumstance or environment.

My opposition to these mandates and the associated requirements related to this particular sickness are based the simple fact that the same "science" that tells us masks work and don't work and tell us that this "vaccine" does prevent, while it actually does NOT stop any person from contracting COVID-19, clearly is not settled and therefore those that say it is have lost all credibility.

There is no strong evidence that giving my 7 children multiple shots in the arm to "protect" them from COVID-19 of any variant will result in a net positive health position in the short or long term. Furthermore, all the evidence indicates that children have a very, very low risk of severe symptoms.

Please leave these decisions to the parents.

Respectfully,

Josh Powers

From: Cory Linf
Sent: 2/16/2022 5:23:21 PM
To: DOH WSBOH
Cc:
Subject: Vaccination for kids

External Email

Kids don't need COViD vaccinations. The numbers don't support it. This is an attack on children for money. Beyond disgraceful.

Sent from my iPhone

From: Stacy Garry
Sent: 2/17/2022 1:18:59 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: Stacy Dancker
Sent: 2/25/2022 10:29:22 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: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:26:01 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\AD10A94DB31F4D6B_20220221180529101.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:05 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: 02.21.2022 18:05:28 (-0800)

Queries to: ricoh@doh.wa.gov



February 9th, 2022

Dr. Thomas Pendergrass
Vice 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 Dr. Pendergrass:

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 21st 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,

Larry Godt
Co-President

Tom Jonez
Co-President

From: Testify Online Survey
Sent: 2/23/2022 1:36:28 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 24 2022

2.

Agenda Item or Issue:

Vaccine mandate

3.

Your Name:

Misty Gehrke

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

964 K St washougal wa 98671

7.

Email:

mistygehrke@outlook.com

8.

Phone Number (Include Area Code):

3608333275

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am vaccine injured from a mandate and I will not force my children to have a vaccine
we know nothing about

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 was mandated to take the MMR vaccine in 2019. 18 days later I was paralyzed in the hospital... I now have Guillain-Barré syndrome and it is a living nightmare. I am now able to walk but I have zero nerve response throughout my whole body. Prior to this I was fully vaccinated, my 10 year old twins are fully vaccinated, except for the new Covid vaccine. It needs to be a choice, the majority of children have already had the vaccine but there's some that cannot. Please take into consideration that you can end somebody's life with your mandate

From: Nate Pledger
Sent: 2/25/2022 1:36:04 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: Ingrid Smetana
Sent: 2/25/2022 3:48:50 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: Donahoe, Kaitlyn N (SBOH)
Sent: 2/15/2022 2:20:38 PM
To: DOH WSOH
Cc:
Subject: FW: Oath

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/0435-SA%2F477788%2FAutopsy-Histopathologic-Cardiac-Findings-in-Two&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7ddedf7818d04529d5e208d9f0d1647a%7C11d0e>>

On Fri, Feb 4, 2022 at 10:51 AM Me Zee <mzee636@gmail.com>
<<mailto:mzee636@gmail.com>> > wrote:

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: Kari Barber
Sent: 2/16/2022 11:17:32 PM
To: DOH WSBOH
Subject: WABOH, I am begging you to not mandate the covid shots for developing bodies

External Email

Dear Washington State Board of Health,

There is simply a lack of safety data to mandate these Pfizer inoculations to our least at-risk populations. According to Dr. Sarah Ross, "the biggest pandemic threats to children that her ICU has witnessed are drug overdoses and mental illness brought on by the shutdown of normal life."

Is COVID statistically life-threatening to children? Enough that forcing this shot into their bodies has benefits that outweigh risks? Here is what Dr. Paul Alexander, Health Research Methodologist Evidenced Based Medicine, testified at 4:55 in the 8+ hour 167th Vaccines and Related Biological Products Advisory Committee – 9/17/2021 FDA hearing <https://www.youtube.com/watch?v=WFph7-6t34M>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DWFph7-6t34M&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2>

"Look, we want these vaccines to work...We currently do not have the safety data, we absolutely do not, and for anyone in the CDC, anyone in the NIH, and anyone in the FDA to say so is being disingenuous to the public. Now I wanted to end by saying this. When I, I looked at the study this morning by Chan...yes its a rat model, but we have to extrapolate to humans. That showed that the lipid nanoparticle, the constituency of the vaccine are accumulating in the ovaries, in the testes, in the spleen, in the adrenals, etcetera....people want to make this a joke and parody, etcetera, but this is a very, very serious consideration, because we even have animal data that shows us that there's a drop in fertility in the animal model. So we need this properly investigated. The public needs this answer properly, and I want to end by saying this: Under no condition, none, zero, based on the evidence, must children be indicated for these vaccines. There is no risk to children, no statistical, zero, in terms of spreading and in terms of getting serious illness or dying of this....Dr. Martin of John Hopkins....we looked at the children in America that have died, and we found that save 1, most, these children had at least 1 serious illness. So the reality is COVID is not a life-ending, life-threatening situation for children. Right now the CDC and NIH has not prosecuted the case as to why these children should be vaccinated, period. I say, do not do this, and I beg your consideration, thank you."?

Furthermore, Pfizer conducted its own safety trials, and has a history of fraud, bribery and false claims, paying out 2.3 billion for fraud, 14.5 million for illegal marketing, a criminal fine of 1.195 billion, and 1 billion in illegally promoting 4 drugs, in the largest settlement for fraud in US history in 2009. The company then paid off 60.2 million in charges of bribery in 8 countries in 2011, and 23.85 million in 2018 for false claims. How can we trust this company to do it's own safety data? Why is there no third party tester? In the words of Dr. Del Bigtree: "I didn't know that every study on safety that we are being told about is being done by the manufacturer that is going to make billions of dollars from the product and that the FDA and CDC basically just take their word for it." <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%2F2022-02-16%2Fjustice-department-announces-largest-health-care-fraud-settlement-its-history&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2>

"The size and seriousness of this resolution, including the huge criminal fine of \$1.3 billion, reflect the seriousness and scope of Pfizer's crimes," said Mike Loucks, acting U.S. Attorney for the District of Massachusetts. "Pfizer violated the law over an extensive time period. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, Warner-Lambert, Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated."

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, Comirnaty, 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 medial products, therefore it is illegal to mandate an EUA vaccine.
<https://www.law.cornell.edu/uscode/text/21/360bbb>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb%2F>

The obtaining of informed consent shall be deemed feasible unless, before use of the test article (except as provided in paragraph (b) [https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle21%2Fsection-50.23%23p-50.23\(b\)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle21%2Fsection-50.23%23p-50.23(b)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0) of this section), both the investigator and a physician who is not otherwise participating in the clinical investigation certify in writing all of the following:

(2) Informed consent cannot be obtained from the subject because of an inability to communicate with, or obtain legally effective consent from, the subject.

(3) Time is not sufficient to obtain consent from the subject's legal representative.

(4) There is available no alternative method of approved or generally recognized therapy that provides an equal or greater likelihood of saving the life of the subject.

Are there really no available alternatives, especially for children? Here is a study, among many other treatments, showing a theoretical zero mortality risk from SARS-CoV2 infection in all persons with vitamin D levels over 50 ng/ mL.

<https://www.mdpi.com/2072-6643/13/10/3596>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F2072-6643%2F13%2F10%2F3596&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2>

Under 18 U.S. Code Section 2331, subsection (5):

<https://www.law.cornell.edu/uscode/text/18/2331>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F18%2F2331&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2)

(5)the term "domestic terrorism" means activities that—

(A)involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State;

(B)appear to be intended—

(i)to intimidate or coerce a civilian population;

(ii)to influence the policy of a government by intimidation or coercion; or

(iii)to affect the conduct of a government by mass destruction, assassination, or kidnapping; and

(C)occur primarily within the territorial jurisdiction of the United States; and

Would mandating these experimental EUA vaccines to our most vulnerable population be considered domestic terrorism under the laws of our country knowing that intended coercion and intimidation tactics are being used within the united states which are potentially dangerous to human life, knowing that some children will die and be harmed from these inoculations? And if so, why is this even being considered?

I have multiple further questions that I hope the DOH considers:

We already know that there are reproductive problems associated with these vaccines, and the NIH received a 1.6 million grant to study "why."

<https://www.nichd.nih.gov/newsroom/news/083021-COVID-19-vaccination-menstruation>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nichd.nih.gov%2Fnewsroom%2Fnews%2F083021-COVID-19-vaccination-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nichd.nih.gov%2Fnewsroom%2Fnews%2F083021-COVID-19-vaccination-menstruation&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2)

menstruation&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2

Why would DOH WA state consider mandating these to young children with developing bodies?

Is broad vaccination in an Emergency Use Authorization trial considered safe if those injected are not monitored and few autopsies are done? How can the public be given true informed consent on safety without rigorous follow-up? Is 1 year long enough to prove something is safe? Do smokers get cancer immediately or is the damage found later, about 20 years later? Why did authorities vehemently deny that smoking had consequences for years and years? That DDT had longterm effects? What about x-rays for pregnant women? Widespread asbestos use and lead paint? Why did authorities argue that these were safe? If the FDA regards the term "safe" as having the benefits outweigh the risks, is this current covid vaccine, of unknown adjuvants and longterm complications, safe for children? <https://www.youtube.com/watch?v=WFph7-6t34M>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=WFph7-6t34M&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e2>

If Guillan Barre can show up 10 months after a vaccine according to the 2015 textbook "Vaccines & Autoimmunity," by Yehuda Schoenfeld, et al., is it ethical to tell parents that the vaccines are safe for their children if the breadth of benefit versus risk is not known for that individual? What about the many autoimmune disorders associated with adjuvants through Autoimmune/ Inflammatory Disorder Induced by Adjuvants (ASIA syndrome)? Or cancer risks? Why are adjuvants in the EUA vaccine not known even to doctors?

Steve Kirsch estimated back in September that for every 1 youth actually saved from dying of COVID, 6 will die from the vaccine. Dr. Toby Rogers PhD estimates it for the 5-11 year old age group as 117 deaths from vaccine/ treatment for 1 possible save from a COVID death. If it takes vaccinating 28 million children to potentially save 45 from a COVID death, does the risk outweigh the benefits for this age group?

<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%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e217>

Why was Maddie de Garay's data from the clinical trials listed in the results as "stomach pain" as an adverse event in the Pfizer clinical trials? She is 12 years old and can no longer walk after the vaccine, but the vaccine industry has no legal liability to do anything. <https://twitter.com/SenRonJohnson/status/1409882643827658766?s=20>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FSenRonJohnson%2Fstatus%2F1409882643827658766&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e217>

Here are VAERS report accessed September 14, 2021: ""COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1466009-1" "1466009-1" "My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life." "He had no previous symptoms. I was with him one hour before and my assistant saw him 20 minutes prior and he did not show any irregularities." "None" "No prior vaccinations for this event." "None" "None, None"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1420630-1" "1420630-1" "~4 weeks after the 2nd dose of Pfizer, patient presented to the hospital with chest pain; had pericardial effusion. Initially improved but then had decompensation, prolonged hospitalization. Diagnosed with hemophagocytic lymphohistocytosis (HLH) and ultimately died." "No lab data for this event." "disseminated mycobacterium chelonae infection" "No prior vaccinations for this event." "Artane, azithromycin, calcium carbonate, dicyclomine, doxycycline, escitalopram, flovent, gabapentin, lansoprazole, melatonin, ondansetron, tedizolid," "ataxia telangiectasia; EBV-associated lymphoma, none"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1420762-1" "1420762-1" "Cardiac arrest without resuscitation. Unknown cause of cardiac arrest. Awaiting autopsy report." "No lab data for this event." "No." "No prior vaccinations for this event." "Vienna 0.1-20 mg-mcg per tablet" "Obesity, Family history of clotting disorder (her workup with negative), and depression., NKDA"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1225942-1" "1225942-1" "Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared

dead by neurologic criteria 3/30/21." "No lab data for this event." "No current illness for this event." "No prior vaccinations for this event." "Reported to be on Drospirenone-Ethinyl Estradiol 3-0.02 MG per tab" ", "

Were these deaths necessary? 99.798% of deaths occur in those over 40, according to accessed CDC data from September 14, 2021. Why does America have the highest death rates for COVID deaths in the world? Even compared to comparatively poor areas, like Uttar Pradesh in India, a region of 210 million people, a region that is virtually covid-free since September 2021 with a 6% vaccination rate?

<https://www.indiatoday.in/coronavirus-outbreak/story/uttar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726)

[31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726)

Are there really no other options except mass-experimentation with an injection that bypasses the gut and skin barriers, can potentially hit the circulatory system and go straight to the heart when injected, and which causes known reproductive issues? Would the EUA have passed and normal safety trials been expedited and dismissed if we had used treatments that have shown great effectiveness in other countries? In 100 years, do we not have any antiviral medications that are cheap, easy, and proven safe for 40 or 65 years?

The definition of vaccine was changed from something that provides immunity to something that provides protection by the CDC in September 2021.

"Vaccine" Previous: vaccination: the act of introducing a vaccine into the body to produce immunity to a specific disease."

"Vaccine" *New: vaccination: the act of introducing a vaccine into the body to produce protection to a specific disease."

"Vaccination" Previous: "a product that stimulates a person's immune system to produce immunity to a specific disease"

"Vaccination" *New: "a preparation that is used to stimulate the body's immune response against diseases."

<https://www.miamiherald.com/news/coronavirus/article254111268.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.miamiherald.com%2Fnews%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.miamiherald.com%2Fnews%2Fcoronavirus%2Farticle%2F254111268.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726)

Since, at best, this vaccine lowers symptoms for an unspecified length of time, it is still leaky, meaning, the kids can still get the virus, and spread it. It does not provide immunity, but instead protection and stimulates a response. At best, it slows the spread of the virus, and prolongs the pandemic. Will vaccinating the young and healthy further put evolutionary pressure to cause Vaccine Enhanced Disease like in all other coronavirus vaccines in the past 20 years of trials in which initial robust immunity was observed, followed by death of susceptible animals when exposed to the wild virus?

<https://www.nature.com/articles/s41564-020-00789-5>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41564-020-00789-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41564-020-00789-5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726)

[5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41564-020-00789-5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0e21726)

. As Christina Parks PHD Cellular & Molecular Biology said in her testimony to House Bill 4471: "So I'm very well versed in the science of both these mRNA, gene therapy vaccines, and the fact that this is extremely complex science that has been oversimplified by the media to basically take away our freedom of choice...do the covid vaccines prevent transmission? No." What about the cost in terms of autoimmune disorder risks? Heart issues? Reproductive health? If the vaccine does not stop transmission, then how can it contribute to herd immunity unless most people acquire breakthrough infections or

"exposure through infection?"

<https://davidson.weizmann.ac.il/en/online/reasonabledoubt/ade-and-corona-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdavidson.weizmann.ac.il%2Fen%2Fade-and-corona-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0>

See Dr Toby Rogers PhD article from October: NNT for 5-11 year olds

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp%2Fis-the-number-needed-to-vaccinate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0>
. From this article, concerning the NNT (Number Needed to Treat):

* "At best, the Pfizer mRNA shot might be 80% effective against hospitalizations and death. That number comes directly from the FDA modeling (p. 32
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15344>
>). I am bending over backwards to give Pfizer the benefit of considerable doubt because again, the Pfizer clinical trial showed NO reduction in hospitalizations or death in this age group. So injecting all 28,384,878

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdatacenter.kidscount.org%2Fdata-child-population-by-age-group%23detailed%2F1%2Fany%2Ffalse%2F574%2C1729%2C37%2C871%2C870%2C573%2C869%2C3>
children ages 5 to 11 with two doses of Pfizer (which is what the Biden administration wants to do) would save, at most, 45 lives (0.8 effectiveness x 57 fatalities that otherwise would have occurred during that time period = 45).

* So then the NNTV to prevent a single fatality in this age group is 630,775 (28,384,878 / 45). But it's a two dose regimen so if one wants to calculate the NNTV per injection the number doubles to 1,261,550. It's literally the worst NNTV in the history of vaccination.

* 31,761,099 people (so just about 10% more people than in the 5 to 11 age bracket) ages 12 to 24
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fcases-updates%252Fcases-in-us.html%23vaccination-demographic&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C1
have gotten at least one coronavirus shot.

* The COVID-19 vaccine program has only existed for 10 months and younger people have only had access more recently (children 12 to 15 have had access for five months; since May 10) — so we're looking at roughly the same observational time period as modeled above.

* During that time, there are 128 reports
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C1>
of fatal side effects following coronavirus mRNA injections in people 12 to 24. (That's through October 22, 2021. There is a reporting lag though so the actual number of reports that have been filed is surely higher).

* Kirsch, Rose, and Crawford (2021) estimate
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocs.google.com%2Fdocument%2F>
that VAERS undercounts fatal reactions by a factor of 41 which would put the total fatal side effects in this age-range at 5,248. (Kirsch et al. represents a conservative estimate because others have put the underreporting factor at 100
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault>

2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c96%7C11d0
.)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce2aef5835a714409a51e08d9f1e53c969>>
it is reasonable to think that over time the rate of fatal side effects from mRNA shots in children ages 5 to 11 might be similar to those in ages 12 to 24."

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Please vote against mandates for children, and protect our most vulnerable.

Additional Sources/links:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Db3f413061a%26e%3Da>

https://m.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D50048ff78a%26e%3Da

https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D672dfbe24e%26e%3Da

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D26c70db82c%26e%3Da>

* <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%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da4f598f7f9%26e%3Da9

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D0db3d2f954%26e%3Da

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwebmail.iljmail.com%2F%23NOP8

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<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da2db36e764%26e%3Da

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Dd29a8db5b3%26e%3Da

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D4ea68806a7%26e%3Da

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D5c94c1b0f2%26e%3Da

From: Rochellie Hadley
Sent: 2/23/2022 4:23:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good afternoon,
I am writing to you in regards to the criteria being considered for recommending the Covid inoculation be added to the list of required immunizations for school children. I pray that you take my information into consideration.

First of all, the EUA Covid inoculation is not an immunization so it shouldn't qualify to be considered for recommendation on a list of any immunizations. The CDC had to change the definition of a vaccine to accommodate this experimental inoculation to even be called a vaccine. And it's failing at that as well. It's proven that it doesn't stop the spread and is proving to cause more adverse events than all vaccines combined ever. It also shouldn't even be considered when cases are dropping, restrictions are lifting and many countries, and states in our country, are now changing the pandemic to an endemic. The benefits do not outweigh the risks in children. Not to mention that there is absolutely not enough data to make a safe recommendation, period.

In regards to criteria #3- It is costing tax payers billions of dollars and most of that money is going to pharmaceutical companies and putting our country way farther in debt while they get wealthier. That is absolutely not cost effective from a societal perspective.

In regards to criteria #8- The headlines are endless about how the tracking of the inoculation, and the adverse events, is failing. Recently, headlines are showing growing frustrations with incomplete data and lack of transparency and the CDC has admitted to all of this.

In regards to criteria #7- This one is simple. It is absolutely not acceptable to the medical community and the public. And this goes right back to the lack of information regarding long term effects and efficacy, because it's an EUA inoculation, for an emergency that has waned. There's also a growing amount of experts finding information that shows this is not the best solution for preventing illness in children. Where there's risk there must be choice. Not to mention that there is no end in sight to determine if anyone is considered fully vaccinated because the jabs are failing so quickly that they've created the need for 3-4 jabs in a years time.

In regards to criteria #9- This is such a burden for parents that many many of them will pull their children from school. If parents were going to jab their children, they would have by now. Also there is no help or legal recourse for adverse events from the jab and many parents will be greatly affected by tending to children who experience them.

The facts that I have presented barely scratch the surface of why this inoculation should absolutely not be added to the required list of immunizations. I pray that you realize the velocity that your decision has on the future well-being of the children in this state. Children contracting Covid and developing natural immunity are at far less of a health risk than many of the long term side effects of the inoculation. And many children already have natural immunity.

Thank you for taking the time to read my comments.
Sincerely,
Rochelle Hadley, mother of 4

Sent from my iPhone

From: Testify Online Survey
Sent: 2/18/2022 9:53:34 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/24/2022

2.

Agenda Item or Issue:

Public Comment

3.

Your Name:

Elizabeth Meine

4.

Do you have a professional title?

1. Yes

Early Childhood Educator

5.

Are you representing an organization?

2. No

6.

Address:

11112 SE 224th Place, Kent WA 98031

7.

Email:

liz.meine@gmail.com

8.

Phone Number (Include Area Code):

4252442264

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

Considering Covid-19 for Inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

Many WA families are not confident that the covid-19 vaccine is effective against the covid-19 virus. The number of "breakthrough cases" has skyrocketed with recent variants and the vaccine is outdated. Many parents do not see a reason to vaccinate their children against a virus that has likely become endemic like the common cold or influenza. Furthermore the long-term study of the covid vaccine is incomplete so requiring this vaccine for children to attend school is reckless without notable evidence that it is safe long-term. When you have evidence that the covid-19 vaccine is safe for 10, 20, 40 years for these young children then we can have a conversation. If you require the covid-19 vaccine for children, you will see a mass exodus from schools and we will create stronger homeschool communities to educate our kids. Then we will make sure that WA public school funding is cut because they do NOT have the best interests of children and families in mind. Thank you!

From: Davis, Michelle (SBOH)
Sent: 2/16/2022 11:02:17 PM
To: DOH WSOH
Cc:
Subject: FW: school vaccine schedule

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...)

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|Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>

From: Joan Belady <jbelady@outlook.com>
Sent: Wednesday, February 16, 2022 10:01 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: school vaccine schedule

External Email

Dear Ms. Davis,

Thanks you for representing the WA BOH on this very critical manner of children's vaccine schedule. My recommendation to you and your members, as a health professional myself, are simple at this time. Resource Judy Mikovits who is a scientist from NIH and NCI and Frank Russetti. They are whistleblowers who have basically revealed in their books Ending Plague, Plague of Corruption, and Plague

Besides the work of Joseph Mercola and Robert Kennedy JR and Dr. Vernon Coleman from the UK.; That our global vaccine vat is contaminated!. By making vaccines from monkeys and mice, we have created new human viruses and retroviruses that have caused more new animal/human compatible viruses than existed before the onset of vaccine manufacturing. It is a system that must be stopped and reconfigured over years before it could ever be safe to give our adults, let alone children and babies; We must stop vaccinating and when and if we ever return to it, we must make vaccine makers liable for their product.

I will be happy to offer you any further info I can on this matter. As far as the COVID 19 VAX, It is nothing more than an attempt at genocide and it must be stopped.

Thank you for your time and serious consideration. Sincerely, Joan Belady

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F8c9d7e68-9c3e-4731-bf11-d0cc838a8346&data=store%2F%2F8c9d7e68-9c3e-4731-bf11-d0cc838a8346>
for Windows

From: Santrelle
Sent: 2/17/2022 2:47:36 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine requirements in school

External Email

Please do not require Covid-19 vaccines for school attendance.

I understand the TAG met again today to discuss whether or not to recommend that the WABOH require the Covid 19 vaccine for school children.

My concern is that the vaccine, while evidenced to reduce severity of the disease, is still new. There isn't any long term information available about how these vaccines will effect our children in the years to come.

In addition, my understanding is that liability for potential vaccine injury has been removed while authorization is still under the umbrella of an EUA. First, where is the emergency? Children are at higher risk of dying from the flu than Covid-19, and we there isn't a mandate for flu shots.

Before our state mandates a vaccine for school attendance, it needs to be authorized by the FDA withOUT the screen if an EUA, with FULL liability taken by the manufacturers, and those in leadership requiring its use.

-Debra

From: Pam Erickson
Sent: 2/17/2022 3:17:26 PM
To: DOH WSOB
Cc:
Subject: Covid 19 Shots for schools Review Meeting

External Email

These experimental drugs are still experiments. There has been no time for long term effects to have been recorded because It has only been a year. It takes at the VERY MINIMUM FIVE YEARS to establish safety and efficacy for any drug.

Whereas the VAERS reporting system does not give an accurate picture of actual deaths and adverse event, we Do Not have enough data to mandate experimental drugs.

<https://gnigh-66270.medium.com/vaers-underreporting-and-the-mysterious-1-5b4f9b109145>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgnigh-66270.medium.com%2Fvaers-underreporting-and-the-mysterious-1-5b4f9b109145&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C753cfbd6b8d04fa4944d08d9f26b73dc%7C>>

<http://www.healthfreedomiowa.org/articles/fewer-than-1-of-vaccine-reactions-are-being-reported>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthfreedomiowa.org%2Farticles/fewer-than-1-of-vaccine-reactions-are-being-reported&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C753cfbd6b8d04fa4944d08d9f26b73dc%7C11d0e>>

Whereas the definitive Israeli study of 2 million people shows the covid recovered are 27 times more resistant to variants than fully vaccinated.

Whereas 80% of serious in Israeli hospitalizations are fully vaccinated.

<https://www.timesofisrael.com/study-covid-recovery-gave-israelis-longer-lasting-delta-defense-than-vaccines/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.timesofisrael.com%2Fstudy-covid-recovery-gave-israelis-longer-lasting-delta-defense-than-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C753cfbd6b8d04fa4944d08d9f26b73dc%7C1>>

<https://www.israelnationalnews.com/news/321674>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fnews/321674>>

<https://www.israelnationalnews.com/news/312538>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fnews/312538>>

News resources from all over the world must be utilized to verify sources as non-biased.

I did not hear any truth regarding alternative therapies or even tried and true drugs that have been FDA approved for decades and have been used successfully in many thousands of cases. Greed seems to eliminate those treatments from being popular.

Please consider the health and future of the children. Myocarditis in youth is much more

serious than your "statistics" indicate. The majority of young males injected could very possibly be dead within five years. Does anyone truly want this on their conscience? When the virus itself has such a minuscule risk to this age group, it is unconscionable to inject UNKNOWN substances into our children.

Sincerely,
Pam Erickson

From: James Spies
Sent: 2/24/2022 10:13:50 PM
To: DOH WSBOH, Marysville School District
Cc:
Subject: The Covid Cartel Lied, People Died. Now They Say It's All Your Fault

External Email

<https://thefederalist.com/2022/02/24/the-covid-cartel-lied-people-died-now-they-say-its-all-your-fault/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthefederalist.com%2F2022%2F02%2Fthe-covid-cartel-lied-people-died-now-they-say-its-all-your-fault%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C86dd239cf5fa40fbbd6708d9f825da32%7C11d0e>>

Dear WA State BOH & Marysville School District,

Please review the attached article. The truth about covid & the experimental jabs is coming out. They will all be held accountable for their crimes against humanity & the Nuremberg codes. Their will be legal action & full investigations on the decisions & policies made by all government bureaucrats, politicians, big pharma, hospitals, the medical community, the msm, big tech, corporations, school boards & teacher's unions.

Stop pushing the dangerous experimental jabs on our children & everyone. Stop masking our children & everyone. The masks don't protect people & cause health issues. They also cause social issues & other issues.

This article is only a tiny fraction of the truth, science, facts & proof that's out there.

Stop living the lies & stop pushing these tyrannical illegal mandates on our children & everyone. Stop ignoring, lying & denying the truth. You have no excuses for claiming you didn't know the truth. You're all complicit in the cover up & lies.

Sincerely,

#WeThePeople & Parents of our Children.

□□□□□□□□□□□□□□□□

From: Melissa McMullen
Sent: 2/17/2022 1:15:55 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: metise@comcast.net
Sent: 2/17/2022 8:36:36 AM
To: DOH WSBOH
Cc:
Subject: Feb. 17 Meeting of the Technical Advisory Group to Consider COVID-19 for
Inclusion in chapter 246-105 WAC

External Email

Dear fellow humans,

This meeting seems premature due to the fact that these COVID shots are unapproved, not properly researched, trialed and tested, and only available under EAU. There should be no question, these COVID-19 shots should absolutely not be included in 246-105 WAC, and that is the conclusion that must be made.

Thank you,
Lynnea Duncalf

From: Testify Online Survey
Sent: 2/16/2022 11:27:20 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 Vaccine for Immunization Schedule

3.

Your Name:

Brandon

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Washington resident

7.

Email:

8.

Phone Number (Include Area Code):

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

Approving criteria for requirement of Covid-19 as part of the immunization schedule

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts. If the Board chooses to continue forward with these meetings I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

From: Kristen Hoidal
Sent: 2/17/2022 2:03:56 PM
To: DOH WSBOH
Cc:
Subject: Covid shots

External Email

My kids have all been vaccinated but this shot is still experimental and should not be forced upon school-age children in order to attend school. Please vote No!!!!

From: Victor Valdes

Sent: 2/16/2022 4:00:07 PM

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: Free Our Childrens' Faces

External Email

To Whom it may concern,

Election time is coming, and the parents of Washington state are fed up with the masking of our children. The Super Bowl was a great example of how a large gathering of people can happen without the use of masks, without it being a "super spreader" event. Act appropriately and remove the mask requirement from public schools or face the consequences in the next election.

Regards,

Concerned Parent

From: Terri McCoy
Sent: 2/24/2022 10:22:32 AM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

After gathering more education; I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b847dde992640bbfc1e08d9f7c29e7)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Terri McCoy

Sent from my iPad

From: Stephanie Wise
Sent: 2/25/2022 2:25:20 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: Angela Bishop
Sent: 2/26/2022 1:16:53 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: Kahler, Kelie (SBOH)
Sent: 2/15/2022 12:59:27 PM
To: DOH WSBOH
Cc:
Subject: FW: NO to covid vaccine requirements in school age children

From: Gillian Morrison <gmosmo@gmail.com>
Sent: Tuesday, February 15, 2022 12:55 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>; nathaniel.thai@sbohwa.gov
Subject: NO to covid vaccine requirements in school age children

External Email

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy with no long term data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. The vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children. Taking away medical choice is unconstitutional and illegal and the conversation about it must end. Please advise accordingly!

Gillian Morrison

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

From: Valerie Hunt
Sent: 2/24/2022 10:48:58 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

For equity: Elder transmission. Transmission still occurs albeit less even with vaccination.

From: Mandy Huetten
Sent: 2/24/2022 2:24:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd61cfaf1f8144889dd1508d9f7e45f89>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd61cfaf1f8144889dd1508d9f7e45f89>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd61cfaf1f8144889dd1508d9f7e45f89>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Amanda Huetten

Sent from my iPhone

From: Bobbi Thompson
Sent: 2/26/2022 1:44:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

I oppose the mandate of forcing people to take a unapproved vaccine/ gene therapy that has not been approved by the FDA and is only being administered under the Emergency Use Authorization. The drug companies have no liabilities of any adverse reactions to these vaccines/inoculations also known as gene therapy. It is appalling to force this on the people and our children when the vaccine does not stop one from getting the corona virus 19. When therapeutics work yet are being suppressed.

Barbara Thompson
Benton City, WA

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: Tanya Goodman
Sent: 2/16/2022 12:46:56 PM
To: Christina Mori,karma crabtree
Subject: Music

External Email

As of yesterday Coachella has announced they will be mask free.

<https://ew.com/music/music-festivals/coachella-stagecoach-drop-covid-precautions-2022/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.few.com%2Fmusic%2Fmusic-festivals%2Fcoachella-stagecoach-drop-covid-precautions-2022%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdfb832513f5b4e7b2b8a08d9f18d4a46%7C11d>

Meanwhile children are double masked in music class with their everyday peers in WA State. This is a prison of a learning environment. At what point do we visit WAC 110-30-0030

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?node=678&path=/wac/default.aspx?node=678&path=/wac/default.aspx?node=678>

30-

0030&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdfb832513f5b4e7b2b8a08d9f18d4a46%7C11d0e21
for Education and State Leadership accountability? Y'all don't have immunity.

As parents we have commented, written, testified, pleaded, provided data sets of science– not the bought and sponsored kind of \$cience.

They hypocrisy is thick. Ignoring us has known and unknown ramifications.

From: Christina Mori <moricm2015@gmail.com>
Sent: Wednesday, February 16, 2022 7:34 AM
Subject: Non English speaking and masks

To whom it may concern,

I write today in hopes to share a different perspective on the disproportionate effects of masking or not masking our children and greater society.

Many of my family members are immigrants from Nicaragua that do not even speak English. In conversations with them over the past 2 years they have expressed great

pain and frustration with language barriers and connection with others due to masks. They are depressed and lonely because these masks have ultimately separated them from a society in which they thought was about freedom and love for others.

To learn and develop a language you rely HEAVILY on facial expression, watching the mouth, and hearing tone. If my adult non speaking English family members are not even able to speak and understand the individuals that they should be trusting to help them, how in the world are CHILDREN able to!!! Day in and day out they are met with annoyance and an equal amount of frustration from important individuals that they are trying to communicate with to include teachers and classmates, placing them yet AGAIN in a SEGREGATED corner.

Countless individuals are discriminating against them more NOW than ever because of language barrier. We are country of acceptance and we are turning our backs on non-English speaking individuals ESPECIALLY children!!!

Show these children what our country is about and INCLUDE them in a welcoming, caring, and understanding learning environment and remove the mask mandate. Allow freedom of choice. It's a greater depiction of what our country is and should be about.

Deeply concerned multi-racial parent,

Christina

Bellevue School District

On Wed, Feb 16, 2022 at 6:58 AM karma crabtree <crabbykc22@gmail.com> <mailto:crabbykc22@gmail.com> > wrote:

School boards and superintendents,

I am writing to ask that you follow the example of Kettle Falls and Richland and disregard the unlawful order to force children to cover their faces against their will.

I know you care about kids... and I know that you care not just about their education and health, but about their human rights. Forcing a child to wear a covering over their face against their will is a human rights abuse.

Just two years ago, if you found that a teacher or a principal had created a policy to force kids to wear masks to stop them from "spreading disease", you would have taken action against them! And you would have cited the WHO and the CDC who agreed that masks were useless against airborne illness and that forced covering of the face and head is a historically a tool of subjugation and marginalization. Nothing has changed in those two years. Human rights must be defended everywhere, even here at home.

I know you care, and that you are not the villains. The villains are the evil men who claim to rule over you.... Jay Inslee, Umair Shah, Chris Reykdal, Dow Constantine, and Jeff Duchin. These males may mean well... but they are evil because they believe their opinion is enough to force a child to cover their face against their will. Evil is found in action, not just intent.

In the United States, the abuse of human rights by a government official is a CRIME. You are being instructed to carry out a crime. You do not have to do this. You not only have a moral obligation not to listen, but you have a legal right as well. An unlawful order can be disregarded. You will WIN if you sue, and you will WIN if you are sued.

Respectfully...

Karma Crabtree

Monroe & Bellevue School District

From: Austin Smith
Sent: 2/25/2022 2:05:43 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: Hotmail
Sent: 2/21/2022 8:28:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am a concerned parent with a child in public school. I do not support making the Covid vaccine mandatory in schools for 2 reasons. 1. Evidence backed by doctors and other medical professionals exists proving the vaccine is harmful to children. 2. Making an experimental vaccine mandatory in schools is a vast overreach of parental rights. If the vaccine is made mandatory in public schools, my child will no longer attend.

Thank you for your consideration.
Sent from my iPhone

From: Darleen Christopher
Sent: 2/24/2022 4:34:16 PM
To: DOH WSOH
Subject: Fwd: German Insurer Data Reveal 400,000 Vaccine Injuries + Pfizer Pushes
Drug for Heart Conditions Caused by Vaccines + More

External Email

Sent from my iPhone

Begin forwarded message:

From: Children's Health Defense <team@childrenshealthdefense.org>
Date: February 24, 2022 at 3:23:15 PM PST
To: Darleen Christopher <christopherslamp@yahoo.com>
Subject: German Insurer Data Reveal 400,000 Vaccine Injuries + Pfizer Pushes
Drug for Heart Conditions Caused by Vaccines + More
Reply-To: team@childrenshealthdefense.org



<<https://default.salsalabs.org/X4f2f54b4-584f-4bca-83ae-e9d2703c5086/dc0f7db7-4555-4304-ad07-4bf7d0cf9084>>

Having trouble viewing this email? View it in your web browser

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.salsalabs.org%2Fdefault.salsalabs.org%2FT35bc30c4c1-4de6-9716-568ddb02bb3a%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C204e91559ef548c30a3f08d9f7f65571%7C15>>

February 24, 2022

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT35bc30c4c1-4de6-9716-568ddb02bb3a%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C204e91559ef548c30a3f08d9f7f65571%7C15>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT9288a62e07-4738-8154-26d7f64baf65%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C204e91559ef548c30a3f08d9f7f65571%7C15>>

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400,000 Cases of COVID Vaccine Injuries Found in Data Analyzed by German Health Insurer

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Pfizer Steps Up Advertising for Its 'Blockbuster' Drug to Treat Heart Conditions, Including Those Caused by COVID Vaccines

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Supreme Court to Consider Granting Emergency Relief to NYC Teachers Denied Religious
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Endless Booster Shots Can Lead to 'Dead Zone' and Increased Risk of Autoimmune
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Fly High, Tanner: A Tribute to the Life of Tanner Welsh

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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
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From: Thomas Jonez
Sent: 2/24/2022 10:16:46 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Best regards,

Tom

Thomas D. Jonez
President

PlumblinClaims.com
Claim Investigation and Management
Division of Plumblin Management Corporation
Direct: (253) 571-9704

Sent from Mobile Device - please excuse typos

From: Arlene Volkman
Sent: 2/16/2022 4:59:14 PM
To: DOH WSBOH
Cc:
Subject: Against required Covid-19 vaccine for students

External Email

☐ Do not Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

It is not a time tested vaccine and the vaccine presents more risk to children than Covid-19.

This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

Sent from my iPhone

From: Andrew and Jamie Morgan
Sent: 2/15/2022 11:01:40 PM
To: DOH WSBOD
Cc:
Subject: COVID19 Vax Mandate

External Email

To whom it may concern on the WA State Board of Health-

This is a letter in opposition to mandatory vaccination of Citizens of Washington State (or anyone who doesn't want it, for that matter) particularly children.

The COVID19 pandemic has taken the favorable evolutionary turn towards a less virulent but more infectious trajectory. I've said it often that viruses should teach classes about customer service- always seeking ways to reach the most people as many times as possible. Jest aside, COVID19 was an unwelcome visitor upon the world community, on that much I think there is 99.9% agreement among all participants over the last 2 years. However, what remains from this event is more troubling. As a biochemist by training, with additional work in immunology and virology as well as genetic and protein engineering, I am amazed at the willful arrogance that Wa Governor Inslee has shown in following the science that fits his narrative and version of reality. We have known the dangers and results of broad spectrum masking and the narratives used to dehumanize our neighbors over our medical freedoms.

As reference, I encourage you to read, 'Because it's easier to kill that way': Dehumanizing epithets, militarized subjectivity, and American necropolitics, Published online by Cambridge University Press: 12 August 2021. Additionally, there is Responsibilities to Protect, Perspectives in Theory and Practice. Edited by David Whetham & Bradley J. Strawser with preface by Brigadier General Benoit Royal published on case.edu

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcase.edu%2F&data=04%7C01%7C>
from 2015.

Further, there is this document from our neighbors in North Dakota's legislature that shows the supposed efficacy of masks: https://www.legis.nd.gov/assembly/67-2021/testimony/HPOLSUB-1323-20210204-5275-F-SEELY_BRADLEY.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.legis.nd.gov%2Fassembly%2Ftestimony%2FHPOLSUB-1323-20210204-5275-F-SEELY_BRADLEY.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C73fab38602574e22e4e208d9f119f5e

While I doubt you'll click that, due to cyber security, you can search engine the title, "These 12 graphs Show Mask Mandates do nothing to stop Covid."

Why do I lead with these? They're low hanging fruit. Let's get to the nuts and bolts. While I could swing hard with pubmed literature and provide a 5000 word well

researched and cited paper, I'm tired of having to fight against a Government that is supposed to be protecting my rights and liberty. So, I will say this.

The COVID19 mRNA and other technology that was brought to bear during a time of crisis was a feat of science, to be sure. However, it was also an agent of selective pressure against the virus because it was not a neutralizing agent. Thus, those who were contracting and spreading COVID19 while 1 or 2 or 3x shot deep in 'vaccines' are adding selective pressure against the virus to escape. These peoples are shown to carry higher viral loads, compared to the 0x shot groups, which increased the potential asymptomatic/limited symptomatic spread to others in the community who may have 0, 1, 2, 3x shots as well. This was all going on regardless of dubious mask policy and questionable social distancing regulations.

Let us focus on children, since they are the latest target of the government indoctrination. Before I let you move on to the next set, please remember that once these agents are introduced into a human, they cannot be taken back. Like firing a bullet from a gun, once the shot leaves the barrel, it is in God's hands. While I am a man of faith, I also know that one does not shoot things they don't intend to destroy or harm. Ironically, the needle that the government uses to force vaccination also has a barrel and requires someone to provide input to shoot material from it into another being.

Children, as a whole demographic, are safe from death by COVID19 and it's variants. That has been truth since Fall 2019 and remains true today. Prior to COVID19-Omicron children were the smallest demographic to contract and spread this illness. Remember that customer service phase I said in the beginning? We all knew it was a matter of evolutionary virology and time that Omicron would happen. What we didn't know was that it would become relatively innocuous for the vast majority of people, whether they have been shot up with the Faucci approved juices or not. Ironically, there are emerging data that showed those who HAD the COVID19 shots were MORE likely to become infected with Omicron and become symptomatic while those who did NOT get the shots were at no increased risk compared to prior variants.

You've, I'm sure, also seen this data. Vast swaths of the public are savvy to this data as well. We've also seen the Flu-rona, Delti-con, and other data that is emerging that show most future variants of SARS-CoV2-Omicron will follow down the evolutionary path of increased transmissibility, circumvention of existing shot technology (reducing its efficacy further than it already has) and less virulence.

So, let's face facts. The FDA hasn't wrapped the safety data on any of the approved shots for COVID19 to date, nor have the companies completed or analyzed their clinical trials data. This is still, regardless of supposed FDA approval, a giant human experiment with a new vaccine technology. There remain many unknown effects that will not be known for decades. Mandating that children are part of this experiment, without complete knowledge of long term effects, is bad science and imprudent.

As someone who worked in lab and manipulated genomes of cells and organisms, this

should carry some weight. We would use micelles to introduce our genetic manipulation materials into rapidly dividing cells to invoke permanent genetic alterations. While it hasn't been detected that this mRNA shot technology hasn't done so already, we all know that it takes years to validate and then get through a peer review process (if ever). I also know that the mRNA shot technology has been targeted as a development for treatment of pancreatic disorders (diabetes) by re-inserting the gene to produce insulin with targeted delivery to the pancreas.

It has been established that this mRNA shot technology crosses the blood brain barrier, enters the eye ball, and is capable of also crossing into the gonads. Untold harm and integration of these products, while fractionally small or relevant in adults, may be significantly more pronounced in children who have not come to reproductive age, and could pass on untold genetic configurations.

Let me put it another way that is easier to grasp. Our human genome contains remnants of long dead and integrated viral genomes. How did they get integrated into our DNA? Recall what I said earlier about rapidly dividing cells?

This is my operating hypothesis for how this could happen, and given the infancy of this technology it is prudent to protect children while we study this further. If this material is acting using micelle technology, and does cross into areas of rapid cell division, it could enter a cell that is undergoing mitosis and does not have a nuclear envelope. This material could then enter and be captured by the reformation of the nucleus and during the reactivation of cellular processes, the material gets integrated into a place in the genome. Should the integration event prove not deleterious, the cell would carry on. If not- cancer, apoptosis, etc. You know the story of cell death. This same mechanism would be in play with viruses as well. While the probability is small, it is relatively unknown, and we aren't exactly looking for how modern viruses are integrating into modern genomics at large either, so that rate is relatively unknown too.

To substantiate my claim of integration into our genome, I offer this publication about stable integration of reverse transcribed Sars CoV 2 published in PNAS May 25, 2021 118 (21), titled, "Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues." If it is happening in culture, it can and is likely happening in our bodies as well in spite of our well regulated cellular machinery.

For additional reading on viral integration into our genome:

Viruses: Essential Agents of Life.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle/3541111>

2012 Sep 25 : 147-175.

Published online 2012 Sep 25.

Nature Communications

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Fencomms&data-bbox=109%2Fencomms&data-bbox=109>

volume 10, Article number: 575 (2019)

In closing, mRNA shots are the only current "approved" shots for an infectious agent that is waning in concern. While I understand that Inslee has talked a big game and is making ready to do a victory lap, our human immune system is proving in the literature and throughout evolutionary history to be adaptable and capable of fighting these agents. We are protecting ourselves to death and forgetting that we are ruled by nature and the laws that govern it. While some may say that the human gene pool needs a little chlorine, I say that we need to stop cleaning ourselves to death and chew some dirt once in a while. (as is evident with the major rise in allergies and immune disorders).

As a Department of Health, fight obesity as a major factor in morbidity for COVID19 and leave us our liberty and freedom to conduct the side experiment. Aren't you the least bit curious to see who will win the evolutionary war of survival? What will come of future trials and medical data if we don't have those who 'never got it' as a comparison? Without these data, those who took the anthrax vaccine, and surely enjoyed the cancers that it caused, wouldn't have legs to stand on when they were fairly compensated for damages. What untold maladies will befall the COVID19 mRNA recipients in 10, 20, 30 years? As of now, there is no liability.

I urge the Wa DOH to consider the consequences to faith in the government and healthcare system as a whole and the results that will occur with this totalitarian dictate.

Regards,

Andrew R. Morgan
BS- Biochemistry
MIT- Chemistry, Science, Health and Fitness

From: UndertheTrees PNW
Sent: 2/24/2022 11:05:34 AM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf0a4b64a06041d3cde808d9f7c89a52%7C>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf0a4b64a06041d3cde808d9f7c89a52%7C>>

Reason 3: The Vaccine does not reduce transmission: <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%7Cdf0a4b64a06041d3cde808d9f7c89a52%7C>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully

From: Marty Hammer
Sent: 2/16/2022 8:51:13 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email



Please give consideration to the following facts.

This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks.

This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

The vaccine presents more risk to children than Covid-19

There are many documented cases of myocarditis in children, especially boys, related to the shots

The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

Bottom line, more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Please, after reading the above facts, would you subject you child or grandchild to a drug that is still in the experimental stage? I am pleading with you not to mandate this drug for our children

Thank you.

Marilyn Hammer

Arlington WA

From: K Lewis
Sent: 2/23/2022 8:36:54 AM
To: DOH WSOB
Cc:
Subject: COVID shots for kids

External Email

This email is regarding your consideration of adding the COVID-19 therapeutics as required "vaccines" for daycare/school children.

In light of the NYT article published Monday, this should no longer be a consideration. We need to have access to (and analyze) ALL AVAILABLE DATA before decisions are made in this regard.

<https://www.nytimes.com/2022/02/20/health/the-cdc-isnt-publishing-large-portions-of-the-covid-data-it-collects.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fthe-cdc-isnt-publishing-large-portions-of-the-covid-data-it-collects.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd889f28360f141424f2408d9f6eaaa70%7C1>>

Our family has a member who has sustained SERIOUS and DEBILITATING Vaccine injuries from the COVID therapeutic (it doesn't PREVENT ILLNESS OR TRANSMISSION). Read studies from Dr. Paul Alexander, Brownstone University. Look at the data from Israel!

We also know EIGHT PEOPLE who died within 2 weeks of their 2nd shots (most of those within 48 hrs). 14 children now missing a parent "coincidentally" after their second doses.

We have a friend whose daughter participated in the Pfizer trial for youth use who had immediate severe adverse reactions. Guess what Pfizer did when the family contacted them about this right after her injection...? They GHOSTED HER. Threw her out of the study, locked her out of the app and didn't count her reaction as part of the results.

ARE THOSE THE PRACTICES of a COMPANY WITH INTEGRITY SEEKING SAFETY AND ACCURATE DATA?!?! No!! They sought a desired outcome and eliminated anyone who made it look bad.

You don't vaccinate people for infections they have already had/recovered from. Most children in our state have now had COVID and recovered. To jab them will compromise their natural immunity. This is why we don't give Varicella vaccines to people who have recovered from Chicken pox.

You and your TAG are currently receiving all your Data in an ECHO CHAMBER of people using inaccurate and tainted data. In light of the NYT article from Monday, go back to the drawing board.

If you move ahead with requiring this, we will be pulling all of our children from Public school.

Sincerely,

Katrina Lewis

From: Kasha Sonntag
Sent: 2/17/2022 11:31:54 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please discuss NATURAL IMMUNITY. It is a very important part of the vaccination discussion and it is negligent to not address the overwhelming data available to show natural immunity is superior to the vaccine.

Kasha Sonntag

Sent from my iPhone

From: Matthew King
Sent: 2/24/2022 10:38:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19

External Email

Important data to evaluate the criteria of Covid-19 vaccine to be included in the definition of WAC 246-105-030

CDC is not reporting the adverse effects of vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C81c013be333f4f4587ab08d9f7c4b37a%7C>

Unnecessary dangerous side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C81c013be333f4f4587ab08d9f7c4b37a%7C>

Covid Vaccine does not reduce transmission:

<https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C81c013be333f4f4587ab08d9f7c4b37a%7C>

Washington state should be a model of a healthy community as opposed to a political cesspool.

With respect,

Matt King
King County, Washington resident

From: Trina Heppner
Sent: 2/24/2022 12:11:16 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

"

Trina

Sent from my iPhone

From: Julie Enfield
Sent: 2/24/2022 11:09:06 AM
To: DOH WSBOH
Cc:
Subject: No new vaccine requirements

External Email

To the Technical Advisory Group for the Board of Health, regarding the meeting to discuss inclusion of COVID-19 Vaccine for school immunization requirements:

As a concerned and health-conscious parent, I urge you to NOT include the new and experimental COVID-19 vaccine for children as a requirement for education. Not only is this discriminatory, it potentially dangerous and not necessary. A large percentage of children have already been exposed or infected with COVID-19 and a very, very low percentage have actually been severely ill. An even lower percentage have been hospitalized and very few (if any?) have actually died OF this virus. We have no long-term data on the potential side effects of the vaccine and we should not be trialing it on the next generation.

Thank you,

Julie Enfield

Lynden, WA

From: carolyn johnston
Sent: 2/26/2022 9:45:17 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

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

found that it lasted at least that long.

Dr. Robert Malone, the key developer of the mRNA technology in the Pfizer-BioNTech and Moderna vaccines, said the findings were “buried” in the study, which was published by the journal Cell.

He described the results as a potential “health public policy nightmare” in an analysis on his Substack page

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frmaloned.substack.com%2Fp%2Fhealth-public-policy-nightmare&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2561e762c1c34b48274a08d9f35f7c0a%7C11d>

Unlike typical vaccines, which use a live virus that has been attenuated, or weakened, the messenger RNA vaccines carry genetic material that instruct cells how to produce the spike protein, which activates the body’s immune response and produces antibodies.

Malone said that having worked with mRNA for decades, he found the persistence of the synthetic spike protein in lymph node germinal centers to be “highly unusual.”

The study quantitatively measured spike protein levels in plasma after vaccination. And it turned out that the levels are higher than the levels observed in a person with a severe COVID-19 infection.

Malone wrote that “the fact that this (is) only now being discovered, or if it was known, released to the public is criminal in my opinion.”

“This should have been characterized long ago, including prior to beginning human clinical trials,” he said.

The mRNA vaccines, he further explained, use a modified chemical called pseudouridine to encode the spike protein and unique nanoparticles to deliver it. It’s a system, he said, that was approved “without fully understanding the implications and without the FDA requiring a complete pre-clinical toxicology regulatory package, including long-term follow-up, as is done with any other unique chemical or adjuvant additive.”

Prominent cardiologist Dr. Peter McCullough, an epidemiologist, said in a recent podcast it’s known that the vaccines have a “dangerous mechanism of action,” which is “the production of the spike protein.”

“The spike protein is what make the respiratory infection lethal, and it follows that in some people excessive production of the spike protein in a vulnerable person would be lethal after a vaccine,” he said.

McCullough has found from his review of studies that the lipid nanoparticles — which deliver the spike protein in the mRNA system — “go right into the heart.” He believes that’s why studies indicate a higher-than-expected rate of myocarditis, particularly in boys, associated with the vaccines. And the studies show that the myocarditis produced by a COVID-19 infection tends to be mild and “inconsequential” while the myocarditis caused by the vaccine can be severe.

“When the kids get myocarditis after the vaccine, 90% have to be hospitalized,” McCullough said in a podcast interview in December. “They have dramatic EKG changes, chest pain, early heart failure, they need echocardiograms.”

Malone said it's possible that the chemical pseudouridine in the vaccines is causing a reaction that allows mRNA to migrate to the lymph nodes and throughout the body, as non-clinical Pfizer data from Japan suggests.

"I do not know how to write this more strongly," Malone said. "This technology is immature."

He noted the World Health Organization has approved six COVID-19 vaccines that are more traditional, all of which the U.S. government could license.

"These genetic vaccines are not the only option."

Data you are already aware of: VAERS: (I am sure you know how under reported this is since doctors do not report due to lack of time and other ? reasons:

2/4/2022

The info

23,615 deaths, 127,855 hospitalizations, 118,076 urgent care visits, 171,408 doctor office visits, 9,119 anaphylaxis, 13,784 Bell's Palsy, 3,991 miscarriages, 12,069 heart attacks, 32,436 Myocarditis/ Pericarditis, 42,260 permanently disabled, 5,551 thrombocytopenia/ low platelet, 26,836 life threatening, 39,440 severe allergic reactions, and 12,346 shingles.

Also why did Dr. Umair A. Shah post on social media about his Super Bowl trip, to where 70,000 fans were unmasked and most reported no shot records were reviewed prior to the entry into the stadium? Was Dr. Umair A. Shah wearing his mask the entire Super Bowl event? Great to see people making public health decisions like to attend super spreader events. Or is it that the pandemic is over?

Did you have an opportunity to listen to this "coffee table discussion" with Christopher Cole, executive officer for FDA of countermeasure initiative before you make a decision about children and vaccines? Sounds like he agrees FDA wants to push vaccines for children including infants without enough research.

Link is a valid YouTube video; don't worry.

<https://youtu.be/6nSXHrmOy8o>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6nSXHrmOy8o&data>

Now we have Omicron. These vaccines were designed for the original Wuhan strain, a different virus. Whether they made sense in protecting our elderly and frail from the

original virus is irrelevant. Dr Fauci even says the reason we need to wear masks when people are vaccinated aged is because the vaccine was made with the original wild strain and not the variances we are now seeing. I will attach the video here:

Listen at 2 minutes 16 seconds

<https://www.cnn.com/2021/03/18/politics/fauci-paul-masks-theater/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F03%2Fpolitics%2Ffauci-paul-masks-theater%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2561e762c1c34b48274a08d9f35f7>

His own words clearly states the vaccine is not made for the variance we are currently experiencing and why the vaccine does not work and why bother vaccinated and unvaccinated are spreading and getting it now with the omicron variance.

These vaccines do not prevent Omicron infection, viral replication, or spread to others... even if every man and woman and child in the United States were vaccinated these products can not achieve herd immunity and stop COVID.

SO WHAT'S YOUR AGENDA BEHIND PUTTING POISON IN OUR CHILDRENS BODIES?
Truly? Honestly?

Are you being paid by someone? IF 1 child dies in the hands of your decision, can you live with that? If 1 child gets a life long disease from being forced to take the shot, can your conscience live with that? Cause we will share those stores with all of you. Every single story.

Signed

We the fringe minority of US.

From: Brian Ibarra
Sent: 2/25/2022 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: Shelli Mitchell
Sent: 2/24/2022 10:48:19 AM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C2fd2858af76f4b6af14608d9f7c6388d>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C2fd2858af76f4b6af14608d9f7c6388d>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C2fd2858af76f4b6af14608d9f7c6388d>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Shelli Mitchell

Sent from my iPhone

From: Andrew Humble
Sent: 2/16/2022 8:42:10 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: Tracy McPhee

Sent: 2/18/2022 9:55:09 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), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: Vaccinating School Children for COVID-19

External Email

Dear Members of WA State Board of Health Technical Advisory Group,

I understand you are in dialogue re: adding COVID-19 to the required vaccination schedule for public school children. As you take input from various sources, I implore you to add the wisdom of the following experts:

1. Dr Kirk Milhoan: Pediatric Cardiologist with his PhD in inflammation. Dr Milhoan said based upon his many years of practice, he would expect 0-4 cases of myocarditis in children, yet he has seen over 128 cases as of 12/2021. Here is Dr Milhoan in his own words: Doctor Warns COVID Vaccines Are Dangerous for Children | One America News Network (oann.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.oann.com%2Fdoctor-warns-covid-vaccines-are-dangerous-for-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78da788eeb2b4a0729cc08d9f3078f43%7C1>

2. Dr Robert Malone: as you should know, Dr Malone holds numerous patents on the mRNA technology, and has spent his career developing & testing vaccines. Dr Malone vehemently states under no circumstances should we be giving much less mandating the COVID-19 shots for children.

3. Professional Athletes: I am confident you are aware of the alarming increase in young male athletes in elite health condition having cardiac issues. If you are not aware, why not? Please seek out the facts before you mandate the COVID-19 shots on our children in order to participate in society & education. 5-fold increase in sudden cardiac and unexplained deaths among FIFA athletes in 2021 – America's Frontline Doctors (americasfrontlinedoctors.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78da788eeb2b4a0729cc08d9f3078f43%7C11d>

In addition:

- * COVID-19 has a nearly 100% survival rate for children.
- * The virus has mutated to the mild Omicron variant, for which the CDC & the manufacturers know the vaccines are minimally useful.
- * You are of course aware that 30% of FDA-approved medicines within 4 years of approval have some sort of caution/restriction placed on them, once further studies/data are done. Do you want to be a party to another thalidomide tragedy?

Thank you for your consideration, and thank you for being “on the correct side of history” when it comes to the safety of our children, who are our future adults.

Sincerely, Tracy McPhee

From: Anitra Castillo
Sent: 2/24/2022 9:51:41 AM
To: DOH WSOB
Subject: TAG Comments

External Email

Keith Grellner, Tom Pendergrass, Patty Hayes, Elizabeth Crawford, Temple Lentz, Fran Bessermin, Bob Lutz, and Umair Shah, and TAG Group,

I have been sitting in on all the TAG Group meetings. It is excruciating and painful to hear the complete nonsense being presented. You clearly are biased and all have conflicts of interests, as do your presenters. I am wondering at what point are all the thousands of e-mails and mail in content taken into account?

People are listening and you need to hear the people and quite lying to them as you did in the January meeting. The Quarantine is written into the WAC rules as is on the agenda. Saying it was not on the agenda was deceitful. Thurston County posted the job listing in October to staff the camps.

isolation-quarantine-facility-staffing-covid-19-response
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.governmentjobs.com%2Fjobs%2Fisolation-quarantine-facility-staffing-covid-19-response&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc06b33a15e3644202b7b08d9f7be4ef3%7C11d0>>

The truth is, there is an extreme amount of young people in their 30's, 40's, 50's, and 60's who are dying due to vaccine injuries. Mass amounts of cancer that are growing like wildfires. I could send hundreds of links on vaccine death and injuries. You owe it to the public to do your own research it's not hard to find. Even look up the DOD statistics after mandating all service members get vaccinated. See what their in-house data looks like. Not good.

It's absurd you are even entertaining the idea of this death clot shot being administered to K-12 as it is Emergency Use Only. I believe that in itself is a violation of criteria.

There has been no mention of early intervention or actual health content. Just how force and poison the population.

Wake up, stop taking pay outs and actually do some thinking for yourselves.

Mr. Pendergrass, it is no wonder you and staff are experiencing harassment and death threats. By the action on implementing this shot for K-12 you are harassing and sending death threats just the same. You don't like it we don't like it.

STOP the Tyranny.

Juan & Anitra Castillo

Juan (509) 952-8020
castillojf68@yahoo.com

Anitra (509) 431-4562

From: frieda stephens
Sent: 2/17/2022 8:36:26 AM
To: DOH WSBOH
Cc:
Subject: AGAINST Covid Shot for pre-k thru 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.

Scot

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 11:41:40 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: jsmas7 <jsmas7@comcast.net>
Sent: Wednesday, February 23, 2022 11:12 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; FBell@wcaap.org; benjamin.wilfond@seattlechildrens.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Maria S

Sent from my T-Mobile 4G LTE Device

From: Testify Online Survey
Sent: 2/16/2022 10:23:02 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:

Criteria #1, #2, and #4: Adding COV19 MRNA GENE THERAPY to childhood and adolescent immunization schedule, is it safe and effective and acceptable levels of side effects.

3.

Your Name:

Michelle

4.

Do you have a professional title?

1. Yes

CMA, AAMA

5.

Are you representing an organization?

1. Yes

We The People

6.

Address:

7.

Email:

Patriotmybell@yahoo.com

8.

Phone Number (Include Area Code):

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

Criteria #1 recommending the vaccine for childhood and adolescent immunization

schedule. Criteria #2 is effective as measured by immunogenicity and population-based prevention data in Washington State Criteria #4 is it safe and has an acceptable level of side effects.

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts. If the Board chooses to continue forward with these meetings I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

From: Alissa Gulick

Sent: 2/16/2022 3:35:15 PM

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: No Masks or Vaccines for Public Schools!

External Email

I am writing as a parent of 2 LWSD students- we are DONE with the useless masks! Our children are suffering!

If the COVID vaccine is required for public schools we will be leaving the state, as many others have promised as well.

All these efforts put in place for the past 2 years have clearly done little to slow the spread. Maskless superbowl in the state of California that is apparently under a 'state of emergency'? Give me a break. End the mandate now. Hundreds of parents and families are watching. WILL YOU DO THE RIGHT THING?

Enough is enough. If you really care about the children and not your paychecks or who you're being influenced by, you will end this mandate. WE ARE WAITING!

Alissa Gulick

From: Lesli Martin
Sent: 2/25/2022 2:15:12 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: Donahoe, Kaitlyn N (SBOH)
Sent: 2/24/2022 7:11:50 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Ryan & Sheriah Little <rslittle5@gmail.com>
Sent: Wednesday, February 23, 2022 9:05 PM
To: DOH Secretary's Office <DOH.Secretary@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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sheriah Little
RLS
Reliable Labor Services LLC
reliablelaborservicesllc.com
(425)350-9034
(425)350-8967

Sent from my iPhone

From: Berit Schweiss
Sent: 2/17/2022 1:58:51 PM
To: DOH WSB OH
Cc:
Subject: VACCINES FOR CHILDREN

External Email

Dear Members,

Please remove the Covid-19 injections as part of the school immunization schedule. Here are some of the reasons that this policy would be ill-advised:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Sincerely, Berit Schweiss
La Conner, WA 98257
Skagit County

Berit Schweiss

Norwex Independent Sales Consultant
NORWEX The "Real Clean"

Cell: (360) 770-4350

Email: beritschweiss@gmail.com <<mailto:beritschweiss@gmail.com>>

Website: www.beritschweiss.norwex.biz

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.beritschweiss.norwex.biz%2F>

From: Jan Kipperberg
Sent: 2/17/2022 10:48:46 AM
To: DOH WSBOH
Cc:
Subject: Vaccination

External Email

This idea on mandating kids to be vaccinated to attend school is ridiculous.

This vaccine has not been adequately tested, to achieve this it takes 5 to 10 years!

This has been an emergency use, anyone taking the vaccine is participating in an experiment!

This vaccine presents more risk than Covid19 itself!!

There are many cases of myocarditis, especially in boys!!

This shot has more potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems in children!!

Children are at a low risk from Covid19, unlikely to pass this on to parents and grandparents!!

Finally more children have died from influenza in a year than Covid19!!
We don't require influenza shots!!

Stop this madness, no shot mandates for children in schools!!

Jan Kipperberg

Sent from my iPhone

From: Abbie Landis
Sent: 2/25/2022 3:39:36 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: J Bennett
Sent: 2/21/2022 12:24:49 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Best regards, Julie Bennett, Tacoma

From: Patricia Atterberry
Sent: 2/17/2022 7:58:14 AM
To: DOH WSBOH
Cc:
Subject: Covid vax requirement for kids —stating opposition

External Email

Dear Governor Inslee and Board of Health:

I am writing today to express my opposition to having the Covid vax part of mandatory vaccinations for school children. We do not know the long-term effects of this shot. Some of the short-term effects have already been seen, particularly myocarditis in boys.

I am not opposed to proven vaccinations in general, just this particular one. Please reconsider your plan to make the Covid vax part of the mandatory vaccinations for our precious children.

Thank you.

Patricia Atterberry

Mount Vernon, WA

Patterberry789@outlook.com

Sent from my iPhone

From: Margaret Madsen
Sent: 2/16/2022 11:19:11 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

There have been recent studies from England and Scotland showing that not only do vaccinated adults get covid more frequently but also the vax appears to make them more likely to die.

Their stats show some higher level in the unvaxed at first, but then when you take into account the recently (within 2 weeks of vax) vaxed become covid positive, they are counted as unvaxed, as are those vaxed that are near the time of needing a boost. So the unvaxed included many vaxed that were positive too. Even with that included it clearly shows those vaxed and boosted have higher hospitalization and death.

Children have better immune systems and are at more risk from UNKNOWN long-term risks, which have already surpassed any previous vaccine that was not allowed to continue because of safety issues.

The major cause of death in all ages from Covid is a lack of EARLY medication and intervention. This is because safe medicines have been suppressed. Japan just had a very large study confirming the efficacy and safety of using Ivermectin as one of the good choices to fight Covid. Most of the very knowledgeable doctors/scientists who REALLY are treating Covid acknowledge it is a multi-prong approach that works best. On a personal level, I had Covid prior to an available vaccine. I had co-morbidities, was 65 yrs. of age and begged for meds from an on-call Kaiser doctor. Nothing...ended in hospital for several days with clotting and heart issues and was sent home w/o meds and told I would be back when it became more involved in my lungs. The BIG news now...Covid can cause heart issues, WELL so does the Vax especially among boys under 30, especially under 18 years....it is the spike protein that is the problem.

At the same time, my adult daughter had Covid, much worse originally than me, begged for medsnothing. She ended up with bacterial pneumonia among other things and was very ill.

Then just as vaccines were rolling out 9 more family members got Covid.....4 of them were children. One of the adults died of Covid lungs. Two adults procured anti-biotics and were given massive Vitamin C, Zinc, etc because I was going to be damned if I would let them die too. The children had from some cold issues to almost non-existent symptoms. I am not anti-vaccine. I am anti-giving a vaccine with questionable or non-existent effectiveness and potentially life-threatening side effects.

I personally know dozens of people who are vaxed who have gotten covid. I also have known, even in my family, of vaccine side effects that were life-threatening among them.

We do not require flu vaccines to go to school. Requiring this vaccine will only accomplish enriching the pharmaceutical industry and endangering our children.

P.L.Madsen
Spokane Valley, WA

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 11:29:47 AM
To: DOH WSBOH
Cc:
Subject: FW: OUR Children



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attachments\3D1736A1233D40DE_image_6487327.JPG

attachments\36E3D420630747DE_image_6487327.JPG

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 23, 2022 11:10 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: Reykdal, Chris <chris.reykdal@k12.wa.us>; DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; McCune, Jim <Jim.McCune@leg.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Billig, Andy <andy.billig@leg.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; chris4wakids@gmail.com; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.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>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; shidane@somalihealthboard.org; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: OUR Children

External Email

To Our State Leaders:

It's concerning to me that you call for transparency but then decide to try and sneakily move/add another zoom meeting to another day without proper notice! You are trying to make decisions for OUR children and we should be involved and able to have OUR voices heard in a timely manner! Shame on you!

I'm VERY concerned that the State of Washington is considering mandatory Covid

vaccines for children as a requirement to attend schools and daycare facilities. I have emailed every single one of you citing data and facts each time. This move to vaccinate children is unfounded. Children show no threat in spreading Covid. Children should not be told that they need to be vaccinated to protect grandma, grandpa or any other adult. It is not their job to protect people. Society has it backwards. Even big bird got it wrong this time!

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Here's some examples:

1. 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.!

<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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

2. The CDC in June had 200 cases and everybody agreed the vaccine caused the problem. The FDA put warnings on Pfizer and Moderna and said they cause myocarditis," Dr. McCullough explained.

"Now we have 16,000 kids injured by the vaccine and the number continues to climb," he said. "It won't stop until the vaccine stops, and these poor children are being vaccinated, some of them against their will."

"With myocarditis, it's a massive amount of inflammation in the heart because the spike protein is loading into the heart and the body doesn't like that," Dr. McCullough said. "The body reacts to that." The spike protein damages the "delicate cells that support capillaries" and the cardiac muscle cells "within the heart."

These facts should alarm you!!

<https://www.worldtribune.com/leading-cardiologist-warns-16000-kids-injured-by-the-vaccine-emerging-public-health-threat/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldtribune.com%2Fleading-cardiologist-warns-16000-kids-injured-by-the-vaccine-emerging-public-health-threat%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1be81380b1134f62b12608d9f702d9d9%7>

3. In case you don't "have time", I've decided to add screen shots and highlighted the important things for you:

On the FDA website:

Pages 11-14.

<https://www.fda.gov/media/153714/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153714/download>

4.

There have been many reports that have stated Drs will not update VAERS because it either takes too long to "fill out" or they don't want to get involved!!! This should not be happening! Again, straight from the FDA website ☐☐☐☐

This is a bad deal for the children of Washington state if this goes through. The biggest part of being a parent is loving your child enough to protect them from harm.

I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Rachel Berry

From: Lena Maples
Sent: 2/18/2022 11:11:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This is unacceptable. This should be the equivalent of a flu shot and should be optional preference and based on discussion with ones medical professionals. The government never should have had any place in mandating what we put in our bodies. Personal rights and medical freedom went right out the window when ot no longer fit the political agenda and dialog. If this takes place and is added as a vaccine requirement for school you are guaranteed lawsuits over this. Look at the amount of parents and students that are pushing back on just masking and that is a far lesser infringement on ones personal rights.

Kindest regards but losing respect for all political officials quickly,

Lena Boyle, LICSWA

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: jie haywood

Sent: 2/17/2022 2:22:40 PM

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)

Subject: Masking the children is child abuse!

External Email

Hello. What is so special about the children in Washington State? Why can't they breathe like anyone else, like the children in Florida, Arizona, Virginia, and others?

Dr. Fauci in February 2020: "the typical mask you buy in a drug store is not really effective in keeping out virus... I do not recommend you wear a mask."

So what has changed? The virus, the people or the politics?

You all know masking the children is child abuse, but you do nothing to stop it. Everyone of you is an enabler, a co-conspirator, and child abuser.

It takes nothing to follow the crowd, it takes everything to stand up alone.

Jie Haywood

From: Carl Schiefelbein
Sent: 2/26/2022 8:57:07 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: Pskowski, Samantha L (SBOH)
Sent: 2/17/2022 7:57:36 AM
To: DOH WSBOH
Cc:
Subject: FW: February17.2022

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:34 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: February17.2022

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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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%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 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://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%7Cd841bab5fa60469d350a08d9f22e36f3%7C11%7D&as=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd841bab5fa60469d350a08d9f22e36f3%7C11%7D&as=

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%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd841bab5fa60469d350a08d9f22e36f3%7C11%7D&as=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd841bab5fa60469d350a08d9f22e36f3%7C11%7D&as=>

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%7Cd841bab5fa60469d350a08d9f22e36f3%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%7Cd841bab5fa60469d350a08d9f22e36f3%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: RACHAEL HASKINS

Sent: 2/18/2022 11:41:50 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)

Subject: Public Meeting Comments 2-24-2022



attachments\59CC243501F047F0_Dr. Umair Shah.jpeg



attachments\2D868F91DC024669_Screen Shot 2022-02-18 at 9.39.12 AM.png



attachments\F3D41FE4584C456B_Screen Shot 2022-02-18 at 9.39.03 AM.png

External Email

To Whom It May Concern:

Such a shame that you folks hide from the people. We are the ones you are supposed to be serving and yet you guys act like cowards instead of having the courage to face us.

First you require public comments by noon the Friday prior to your meeting (which would be today 2/18/2022). You supply no agenda at all for us to comment on. Your website also does not provide a proper phone number to get ahold of your office (I'm attaching those images so I can't be called a liar). I called 360-236-4110 after googling the phone number and left a message for Melanie Hisa (sp?) at 9:37am requesting a copy of the meeting agenda for 2/24/22, and I still have not heard back from this person.

Here is what I want to know.....

- Where are the "Peer Reviewed studies" on either masks or these Covid shots for your basis on proving the safety or efficacy of either?
- Do you realize that the hospitals do not report to VAERS? Do you realize I have a very personal experience that I know the person got the Pfizer shot and within 24 hours the chest pain started and they were in the ER twice within 7 days of their shot and yet not one doctor offered to report the adverse reaction to VAERS.
- Have you seen the VAERS data as of 2/4/2022?

The information reported due to these Covid shots:

23,615 deaths, 127,855 hospitalizations, 118,076 urgent care visits, 171,408 doctor office visits, 9,119 anaphylaxis, 13,784 Bell's Palsy, 3,991 miscarriages, 12,069 heart attacks, 32,436 Myocarditis/ Pericarditis, 42,260 permanently disabled, 5,551 thrombocytopenia/ low platelet, 26,836 life threatening, 39,440 severe allergic reactions, and 12,346 shingles.

- Why did Dr. Umair A. Shah post on social media about his Super Bowl trip, to where 70,000 fans were unmasked and most reported no shot records were reviewed prior to the entry into the stadium? Was Dr. Umair A. Shah wearing his mask the entire Super Bowl event? Why are the children being required to socially distance, wear masks, and be isolated while the Secretary of Health obviously not afraid of the virus chooses to flaunt his wealth by attending the Super Bowl? If you were truly afraid or felt this virus was as awful as you portray it and suggest forced vaccination for- you definitely would not be attending event with 70,000 maskless fans. Clearly you don't see the hypocrisy in your behavior. Shame on you!

We will be there next meeting and we will continue to stand for our children. We are working towards exposing the many awful things the WA State Dept of Health is doing to harm our children. May God guide each and every one of your souls to follow the truth and do the right thing.

Signed - an American, a citizen of the State of Washington,
Rachael Haskins

From: Russ hamerly

Sent: 2/25/2022 10:22:17 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)

Cc:

Subject: FDA & CDC Study finds Covid-19 Vaccination increases Children's risk of suffering Myocarditis by over 13,000%

External Email

To: Washington State Board of Health

I understand that you are considering mandating Covid vaccines for school children.

See below for a seriously good reason why this is not a good idea, and why this vaccine should not be promoted for children at all.

Russ Hamerly
Seattle

FDA & CDC Study finds Covid-19 Vaccination increases Children's risk of suffering Myocarditis by over 13,000%

A SCIENTIFIC STUDY CONDUCTED BY SCIENTISTS FROM THE U.S FOOD AND DRUG ADMINISTRATION AND THE CENTERS FOR DISEASE CONTROL, HAS FOUND THE THE PFIZER COVID-19 INJECTION SIGNIFICANTLY INCREASES THE RISK OF RECIPIENTS SUFFERING MYOCARDITIS.

But unfortunately, it is 12 to 15 year-olds who are worst affected, with the findings showing that male children's risk of myocarditis following mRNA COVID vaccination is over 133 times greater than the background risk in the population.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2022/02/image-483.png?resize=639%2C253&ssl=1>> Source

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>

The study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>> examined the effects of vaccination with products manufactured by Pfizer-BioNTech and Moderna.

The study's

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>> authors used data obtained from the CDC's VAERS reporting system which were cross-checked to ensure they complied with CDC's definition of myocarditis; they also noted that given the passive nature of the VAERS system, the number of reported incidents is likely to be an underestimate of the extent of the phenomenon.

Myocarditis is a condition that causes inflammation of the heart muscle and reduces the heart's ability to pump blood, and can cause rapid or abnormal heart rhythms.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2022/02/image-486.png?resize=639%2C359&ssl=1>

The 18 to 24 male age group also saw significantly higher rates of myocarditis for both Pfizer's and Moderna's products, with 52.43 cases per million doses of Pfizer, and 56.31 cases per million doses of Moderna.

The study authors found 6.35 cases of myocarditis per million doses after the second Pfizer shot in the 12 to 15 age group for females, and 10.98 cases of myocarditis per million doses after the second Pfizer shot in the 16 to 17 age group for females.

The CDC and FDA found that there is an increased risk among everybody up to the age of 49, with only people aged 50 and over showing a lower / similar risk of developing myocarditis compared to the expected background rate.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F1377222> and shows the reported cases of myocarditis within a 7 day risk interval per million doses of vaccine administered alongside the number of cases of myocarditis that would have been expected to have occurred normally based on official figures for 2017-2019 –

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>

It also shows that the risk of myocarditis following vaccination with the Moderna injection increases by at least 3,099% for males aged 16 to 24 (56.31 / 1.76), and 1,568% for males aged 25 to 29 (24.18 / 1.45).

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2022/02/image->

485.png?resize=639%2C93&ssl=1> Source

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>

In conclusion, the study's authors note that 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, and that this risk should be considered in the context of the benefits of COVID-19 vaccination.

From: Tammy Monson
Sent: 2/17/2022 9:30:53 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I strong oppose Washington State add the Covid shot to the list of immunizations to attend school. This is unnecessary shot that has many risks to health that could be permanent. Please do not pressure parents to inject their children in order to educate them. We as parents are the ultimate authority of what is suitable for our children's health not the state.

I am asking you to vote no on adding this new shot the immunization requirements.

Thank you
Stacy Monson
5402 S Caballo Rd
Kennewick WA 99338
☐

Sent from my iPhone

From: Brad Harper
Sent: 2/25/2022 3:53:44 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: tinagregory
Sent: 2/23/2022 9:36:37 AM
To: DOH WSBOH
Cc:
Subject: SO CALLED VACCINAITONS

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

<[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: Aimee Speer
Sent: 2/17/2022 8:06:08 AM
To: DOH WSBOH
Cc:
Subject: Yes, add my name to the Board's email distribution list

External Email

speera@lynden.wednet.edu

Thank you,

Aimee Speer, BSN RN
School Nurse

Lynden Middle School

360-354-2952 ext. 3117

From: Katie Brown
Sent: 2/17/2022 9:32:56 AM
To: DOH WSBOH
Cc:
Subject: Question

External Email

Hello,

Can you please explain why would make this vaccine a school requirement when it does not stop transmission of COVID-19 or prevent you from contracting Covid-19 to begin with? Please explain the purpose exactly.

Thanks,

Katie Brown

From: Arab America
Sent: 2/16/2022 9:25:33 AM
To: DOH WSBOH
Cc:
Subject: Arab Americans love this state

External Email

<<https://r20.rs6.net/on.jsp?ca=c9f200ac-a2fe-4f00-9020-b2c380c2f57b&a=1100716350740&c=47b9d3a0-637d-11e4-8328-d4ae528e486a&ch=48b46040-637d-11e4-83a8-d4ae528e486a>>
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Wednesday, February 16, 2022
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Arab Americans
Continue to Migrate
Southward to the
☐Sunshine State
<https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRlyCZ6eh3Y3E9_3JBQDvuwySL4rZJ-XDiYBeBBS7dpzT9Q9crCJ2Tm_TZPxDPFXtsIHA53EsCf5yRpGO-pcSik2OjUa-fv4FgsGLrqk-rP3SQk9DcyMjvfo0K1P8FLmCQLUIywkLgiltAMmIIN-00ZCFwP1XQbNSGw8HoTHBWvJACnFV3l_LaVwg==&c=dh58dXsEBaqnrWY5fqVncg7P2jSGQc5-GhAx90rf6NNloEEsi7C6eA==&ch=p7OwxFxfjQNh9-RlwSpl0X2DAFwRXaDI2d2JYwUodphkXrWkFFIxe7g==>>
Arab Americans have been heading to Florida for years, in part to avoid the north's cold winters. Eventually, they began to move there permanently, based in part on job opportunities. During pandemic times, however, such moves to the South, especially Florida, seemed to be linked to the need to be closer to family. Arab America contributing writer, John Mason, tells the story of Arab American snowbirds.
Read more <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRlyCZ6eh3Y3E9_3JBQDvuwySL4rZJ-XDiYBeBBS7dpzT9Q9crCJ2Tm_TZPxDPFXtsIHA53EsCf5yRpGO-pcSik2OjUa-fv4FgsGLrqk->

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Gaza Under the World

The city of Gaza has a rich history, shaped by its many political and religious influences. Gaza is one of the oldest cities in the world, and its location on the Mediterranean coast allowed the city to serve as an important trade post for most of its history. Join Arab America contributing writer, Ahmed Abu Sultan, as he illustrates the historical significance of the city of Gaza.

Read more <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRIkuUmIkJip80ZJgcTIF2efvYzZ5uxR_-IKQrzT8SWkWrouRIOtuQm3F3Afem_I7ubNYleYvScL5dN0bLfvcGZYTU-i7p5b_aBwdj7lQ4ocf-3ODN7hfjDxg==&c=dh58dXsEBaqnrWY5fqVncg7P2jSGQc5-GhAx90rf6NNloEEsi7C6eA==&ch=p7OwxFxfjQNh9-RlwSpl0X2DAFwRXaDI2d2JYwUodphkXrWkFFIxe7g==>>
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The Scythians-Forgotten Steppe Nomads in the Middle East
Throughout the ages, the Middle East has seen a variety of interactions with various peoples and powers that are foreign to the region. However, some of these tribes and empires that have journeyed to the Middle East have been lost. Arab America contributing writer, Lyric Ludwig, explores one of the forgotten nomadic tribes named Scythians and their contributions to the Middle East.

Read more... <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRI7v3vyNn0CGEuLeVKfKOa9SrnoSD901nfImY2Cwc-ANi-UgPH-EvA9teLe6tXyQZfI1xJAHXeKKnBCxJ6AeLaSyPxMDIKUskqwRrAnb2xYfwxAEa664bNY0GI5PQHjeLcDM_YASLN-GhAx90rf6NNloEEsi7C6eA==&ch=p7OwxFxfjQNh9-RlwSpl0X2DAFwRXaDI2d2JYwUodphkXrWkFFIxe7g==>>
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Qat (☐☐☐☐☐☐)Addiction

Qat or khat is a herbal stimulant or drug that is commonly grown in East Africa, and Southwest Arabia. It is especially popular in the country of Yemen. It is a vital part of Yemeni culture and it's usually chewed at social gatherings. Qat is causing both ecological and health concerns. The war has turned this once innocent and pleasurable pastime into an addiction. Arab America contributing writer, Menal Elmaliki, says the

drug is destroying the future of Yemen, causing both ecological and health problems.

Read more <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRI7ViaO11BqvWzE57MDY7HaffGN5weXYIhtK4tD7rkd-vjRq_qoIk9-

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Proverbs in Moroccan Arabic That Don't Make Much Sense in English

Have you ever been told, "actions speak louder than words?" The phrase's central message is "what you do is more significant than what you say." When this statement is said, most English speakers immediately understand the message, but if you look at the sentence from a literal sense it does not make much sense, for how can actions speak?

This is a proverb, a non-literal saying. carrying advice or a message. Proverbs also exist in the Arabic language, join Arab America contributing writer, Nouha Elyazidi, as she presents and explains 10 proverbs in Moroccan Darija Arabic.

Read more... <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRI7f6E6PsuW2n1xqhs7C1iovD5TGpRZzvla6GevjlytgLh4ma_DH6aWqnUprmqHG5qPN2EG4FeoXU8dP06vSMFI_n6twePIaUGPpKogu87roEwBjIQgfx82Wid0kblovEWDE67BIE8f

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11 Fun Facts About Libya You Probably Didn't Know

How much do you really know about Libya? Despite the current conflict and hardship, Libya is a beautiful country with a rich culture and an incredible history. There are so many things that make Libya unique. Arab America contributing writer, Lindsey Penn, shares a few fun facts about Libya.

Read more... <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRI7f6E6PsuW2n1xqhs7C1iovD5TGpRZzvla6GevjlytgLh4ma_DH6aWqnUprmqHG5qPN2EG4FeoXU8dP06vSMFI_n6twePIaUGPpKogu87roEwBjIQgfx82Wid0kblovEWDE67BIE8f

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RlwSpl0X2DAFwRXaDI2d2JYwUodphkXrWkFFIxe7g==>

The Arab Version of the Marriage Proposal

Have you ever seen an Arab wedding? Well, if you have, you can always see how lavish and exciting an Arab wedding is, but have you ever wondered about how the proposal happens? Join Arab America contributing writer, Sara Alsayed, as she breaks down the process of an Arab marriage proposal.

Read more.. <https://r20.rs6.net/tn.jsp?f=0019fDNVYy_mIYG4hjd2ZzJ2TRw-q6i1MIPeo_Fvj93SU7sPYjjwL1vp4f2uSroABRI7f6E6PsuW2n1xqhs7C1iovD5TGpRZzvla6GevjlytgLh4ma_DH6aWqnUprmqHG5qPN2EG4FeoXU8dP06vSMFI_n6twePIaUGPpKogu87roEwBjIQgfx82Wid0kblovEWDE67BIE8f

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Spinach: The Prince of Vegetables

Spinach is believed to be native to Persia and from there spread to both the East and West. In the midst of history, it came to China and, in that land where has been utilized as food from at least the 7th century BC, it has been known as the 'Persian Herb'. The Arabs who were enamored with its taste and healthful qualities introduced a whole series of fruits and vegetables, into the Iberian Peninsula. Calling it 'the Prince of Vegetables' they rapturized in verse and stories about its countless attributes. In this article by Arab America contributing writer, Habeeb Salloum, you learn delicious recipes made with incredibly healthy spinach.

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The Versatility of Tahini: Chocolate Tahini Tart with Date Walnut Crust

Tahini is a staple in Arab cooking, loaded with nutritional benefits and most commonly associated with hummus, but did you know it can also be used to make sweets? Join Arab America contributing writer, Blanche Shaheen, as she walks us through a mouth-watering chocolate tahini tart recipe with a date walnut crust.

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Gaza 101: A Mini-Course in Four Parts--Culture, History, Politics & Economics

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with diabetes who may or may not fast during Ramadan. This will be followed by two people sharing their lived experience of diabetes and Ramadan and the talks will also be followed by a Q&A.

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Fairouz Night

Join the George Washington Arab Student Association in honoring Fairouz's legendary career with a screening of a special documentary celebrating the legendary Fairouz.

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From: gennifer zentz

Sent: 2/15/2022 10:48:28 PM

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: Mandates

External Email

Hello all,

At the last Lake Washington School Board meeting a group of parents protesting the mask mandates were told that it wasn't up to the school board, they were just doing what they were told, that they would potentially lose a great deal of money if they didn't uphold the mandates.

We have heard this before; "I was just following orders." It is unacceptable that children are sitting in desks in the lunchroom, all facing one wall, wearing masks when they aren't eating, etc, while hundreds of thousands of people can go to the super bowl unmasked. This has gone on long enough, please change this policy.

Further, please uphold the right for parents to have medical choice for their children. We have auto immune disease in my family and I hope that my children will not have to come home from school to keep them safe. As a teacher who can't work due to the vaccine mandate, my children will be pulled from the district, just to keep them safe. This is discrimination and is unacceptable, unless you give us our tax dollars back so I can afford to stay home with them.

Thank you for your open mind and your valuable time.

Genn Zentz

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/15/2022 2:20:45 PM
To: DOH WSOH
Cc:
Subject: FW: NO to covid vaccine requirements in school age children

From: Gillian Morrison <gmosmo@gmail.com>
Sent: Tuesday, February 15, 2022 12:55 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>; nathaniel.thai@sbohwa.gov
Subject: NO to covid vaccine requirements in school age children

External Email

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy with no long term data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. The vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children. Taking away medical choice is unconstitutional and illegal and the conversation about it must end. Please advise accordingly!

Gillian Morrison

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

From: Darleen Christopher
Sent: 2/22/2022 11:30:33 PM
To: DOH WSOB
Cc:
Subject: Vaccine-Induced Myocarditis Injuring Record Number of Young People. Will Shots Also Bankrupt Families? • Children's Health Defense

External Email

https://childrenshealthdefense.org/defender/vaccine-induced-myocarditis-injuring-young-people/?utm_source=salsa&eType=EmailBlastContent&Id=1ddf0d09-1730-4ede-8740-1a39c313663e
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fvaccine-induced-myocarditis-injuring-young-people%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26Id%3D1ddf0d09-1730-4ede-8740-1a39c313663e&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d09-1730-4ede-8740-1a39c313663e>

Vaccine-Induced Myocarditis Injuring Record Number of Young People. Will Shots Also Bankrupt Families?

Medical debt is the predominant cause for about 25% of consumer bankruptcies, with medical debt often triggered by sudden adverse events — such as vaccine-induced myocarditis.

Children's Health Defense Team
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fvaccine-induced-myocarditis-injuring-young-people%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26Id%3D1ddf0d09-1730-4ede-8740-1a39c313663e](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fvaccine-induced-myocarditis-injuring-young-people%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26Id%3D1ddf0d09-1730-4ede-8740-1a39c313663e&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d09-1730-4ede-8740-1a39c313663e)>

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. It's free.

Summary:

- * In one-fourth (or more) of consumer bankruptcies, medical debt is the predominant causal factor, often triggered by “sudden adverse events.”
- * As of 2022, vaccine adverse event reporting of heart disease following COVID vaccines had increased 15,600% in young people under the age of 30, compared to the previous 31 years of heart injuries reported following receipt of FDA-approved vaccines.

ii%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
— and sluggish — process and sky-high burden of proof result in two-thirds of claims
being dismissed or remaining in limbo.

When it does pay out, NVICP more often compensates vaccine injuries in adults
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
than children.

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injections ostensibly have recourse to the special Countermeasures Injury Compensation
Program
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hrsa.gov%2Fcicp&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
(CICP), but the CICP, from its inception, has proved
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vaccine-injury-no-compensation-
program%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
to be even more of a hollow promise than the NVICP, with no funds set aside to cover
eventual compensation, no allowance for attorneys' fees and a one-year statute of
limitations.

As attorneys wrote
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.natlawreview.com%2Farticle%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
vaccine-injuries-are-covered-vicp-except-covid-shots-we-all-just-
received&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
in January, "If you have suffered a serious injury from a Covid-19 vaccine, you are
basically on your own."

In short, the financial stakes
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
vaccine-injuries-financial-
risk%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
for those who take liability-free
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2Fpublic%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
COVID shots — with their unparalleled health
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
vaccines-miscarriages-cancer-neurological-disorders-
military%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
risks — are high.

In early 2020, the CEO of a crowdfunding platform noted that over one-third
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.mountholyokenews.com%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
care-fundraisers-on-gofundme-are-under-scrutiny-for-inability-to-address-significant-
gaps-in-
coverage&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
of its fundraisers were for medical expenses. With more than 1 million
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
cdc-covid-vaccine-injuries-
children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
COVID-vaccine-related adverse events reported to VAERS since December 2020, that
state of affairs has picked up even more speed, as households rack up extraordinary debt
and turn to crowdfunding
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fnews%2Fchildrens-health-defense-unwelcome-milestone-payouts-for-influenza-vaccine-injuries-exceed-900-million%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21>
injured-covid-vaccines-gofundme-
expenses%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21
for help.

Heart problems: a known vaccine adverse event

Well before COVID, myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) were understood to be the result of “the interaction

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC6879121/&cid=7d151e3f-404d-4130-a000-000000000000&context=us>
of an external environmental trigger with the host's immune system."

One of those “environmental triggers,” researchers acknowledged

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC2776221/>, was vaccination.

For example, analyses of VAERS and clinical data identified

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle/PMC6111111/>
the two cardiac conditions as adverse events reported after vaccines for anthrax,

Haemophilus influenzae type b (Hib), hepatitis A, hepatitis B

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F186>
human papillomavirus (HPV), influenza, meningococcal illness, smallpox

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F257>
typhoid, varicella (chickenpox) and zoster (shingles).

A 2018 case report

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle/PMC6111111/>
described myocarditis in a 6-week-old infant following administration of a diphtheria,
whole-cell pertussis and tetanus toxoid (DPT) shot.

With the advent of COVID shots, cardiac adverse events — myocarditis, pericarditis and myopericarditis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdenw-new-data-link-between-vaccines->

— have skyrocketed to an entirely new level, especially in young males and especially after the second dose.

In young people under the age of 30, VAERS shows "a 15,600% increase

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccineimpact.com%2F2022%2Fgvaers-data-reveal-15600-increase-in-heart-disease-among-under-30-year-olds-following-covid-19->

vaccination%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7Cin%20heart%20disease%20following%20COVID%20EUA%20vaccines%20compared%20to%20FDA-approved%20[U.S.%20Food%20and%20Drug%20Administration]%20vaccines%20for%20the%20previous%2031%20years.">

With heart problems being some of the most commonly reported

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fcdc-olympic-sprinter-pericarditis-pfizer->

booster%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11
, widely published

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.smj.org.sg%2Fsites%2Fdefault%2Ffiles%2F2021-326->

and life-changing COVID-jab-related injuries, the FDA was forced into requiring warnings

about the increased risks in manufacturer fact sheets

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-june-25->

2021&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21

As University of Pennsylvania researchers put it
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle%2FPMC5711111&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
last year (parroting official silliness about such events being “rare”), “the temporal association of the receipt of the vaccine and absence of other plausible causes suggest the vaccine as the likely precipitant of these rare events.”

Expensive conditions

Heart conditions pack a financial wallop, predominating among the 20 most expensive <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhcup-us.ahrq.gov%2Freports%2Fstatbriefs%2Fsb261-Most-Expensive-Hospital-Conditions-2017.jsp&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
conditions treated in American hospitals and accounting for almost half of aggregate hospital costs.

With the most expensive healthcare
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle%2FPMC5711111&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
in the world, a third
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ama-assn.org%2Fabout%2Fresearch%2Ftrends-health-care-spending&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
of U.S. healthcare spending goes to hospital care.

Analyzing several hundred confirmed myocarditis and pericarditis cases in young COVID vaccine recipients (< 29 years), a Centers for Disease Control and Prevention (CDC) scientist reported
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Farticles%2F2021-06%2F03-COVID-Shimabukuro-508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
in June 2021 that 96% of the youth with heart injuries had been hospitalized.

Past studies of myocarditis and pericarditis hospitalization costs have found the following:

* As of 2016, the median inflation-adjusted cost of a single pediatric hospitalization for acute myocarditis
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33711111&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
(median hospital stay = 6.1 days) was more than \$27K — already representing a “significant” increase over 2007 costs and likely much higher today.

* One in five kids hospitalized with myocarditis has an arrhythmia
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33711111&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
. A pediatric study published in 2020 reported
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.springer.com%2Farticle%2F1020-03687-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
the median cost of hospitalization for children with myocarditis involving arrhythmia to be far higher — almost \$122K versus roughly \$38K for myocarditis patients without arrhythmia. Heart rhythm problems also dramatically increased the odds of death.

* The median cost of hospitalization for acute pericarditis
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2F10.1080/08850666.2017.1344444&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
(all age groups), as of 2016, was estimated at around \$10K, but nearly one in five patients (18%) reentered the hospital within 30 days of discharge, at a cost of another nearly \$10K.

Both arrhythmias
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.patientbond.com%2Fblog%2F2017%2Ftop-5-causes-of-hospital-readmissions-and-how-to-prevent-them&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4>>
top-5-causes-of-hospital-readmissions-and-how-to-prevent-them&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-4

and complications from cardiac treatments are common causes of hospital readmission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F326>

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Not 'mild' and not short-term

Myocarditis manifestations include increased heart rate (tachycardia), irregular heartbeat (arrhythmia), a heart-attack-like presentation and acute heart failure.

Longer-term sequelae include dilated cardiomyopathy (enlarged ventricles) and chronic heart failure.

Chest pain, malaise and palpitations are common signs of pericarditis. It, too, can lead to heart failure and other longer-term complications.

Children tend to have a more fulminant

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F326> — sudden and severe — myocarditis presentation than adults, with an estimated 7% to 15% mortality rate

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F326> . Children hospitalized with myocarditis are more likely to die

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.aap.org%2Fpediatrics%2Fabstract%2F40%2F1%2F14%2F35218%2Facute-Myocarditis-and-Pericarditis-in-Children%3FredirectedFrom%3Dfulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d> than children admitted with other diagnoses.

Discussing myocarditis in 2012, Mayo Clinic researchers acknowledged

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F326> that even with a good short-term prognosis, “patients who initially recover might develop recurrent dilated cardiomyopathy and heart failure, sometimes years later.”

One of the Mayo authors added

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F326> in 2018, “the greatest burden of myocarditis may not be apparent for 6 to 12 years after diagnosis when children die or need to undergo cardiac transplantation.”

Strangely, Mayo nevertheless continues to propagate the myth

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mayoclinic.org%2Fdiseases-conditions%2Fmyocarditis%2Fdiagnosis-treatment%2Fdr-20352544&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d> of “mild” myocarditis, a dishonest characterization that physicians in the COVID era have strenuously protested.

Dr. Steven Pelech of the University of British Columbia explained

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwesternstandardonline.com%2F2020/08/25/scientist-raises-concern-over-vaccine-risks-and-variant-misinformation%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d> last August, for example:

“Contrary to what a number of people have said, there is no such thing as ‘mild

myocarditis.' It's the destruction of the myocytes, the heart cells that contract. When those cells die, they are not replaced in your body and are instead replaced by scar-tissue, which is from fibroblasts — skin cells which don't have contractile activity ...Every time you get an inflammatory response, you lose more of that contractility and have a greater chance of heart attack and other problems later in life."

A New Zealand writer pointedly observed
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbreakingviewsnz.blogspot.com%2Fegmont-shots-in-dark-myocarditis.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbreakingviewsnz.blogspot.com%2Fegmont-shots-in-dark-myocarditis.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d19-vaccine-heart-transplant-boston-brigham-womens-hospital-dj-ferguson%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d)> that "mild" clinical manifestations in the present are meaningless for interpreting longer-term risks.

Using magnetic resonance imaging (MRI) scans with gadolinium contrast — capable of showing "damaged heart areas undetectable by any other means" — studies of children and adolescents who developed myocarditis following COVID vaccination revealed, in the vast majority, a "potentially poor prognosis despite the heart seeming to have returned to normal."

Describing their study just published in Neurology, University of California, San Francisco researchers Laure Rouch and Kristine Yaffe told Medscape
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle%2Fstory%2F0%2Fheart-health-is-key-to-brain-health>>
"heart health is key to brain health."

The study
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fn.neurology.org%2Fcontent%2Ffull%2F0%2Fheart-health-is-key-to-brain-health>>
disclosed the alarming finding that abnormalities in cardiac structure and function acquired in young adulthood are a risk factor for cognitive decline in midlife.

Myocarditis and pericarditis interventions — costly bandaids

Myocarditis treatments are expensive but almost purely supportive
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle%2FPMC5444844>>
, primarily aimed at managing complications.

For severe cases, interventions can be costly, aggressive
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mayoclinic.org%2Fdiseases-conditions%2Fmyocarditis%2Fdiagnosis-treatment%2Fdrc-20352544&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d>>
and often futile.

For complications of severe myocarditis, the last resort is a heart transplant
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.myocarditisfoundation.org%2Fresources%2Fheart-transplant>>
. Ironically, individuals who need a transplant but refuse to get a COVID shot are being taken off
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fboston.cbslocal.com%2F2022%2F04%2F19-vaccine-heart-transplant-boston-brigham-womens-hospital-dj-ferguson%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d>>
transplant waiting lists.

Situations involving acute cardiac failure and heart transplantation may lead to short-term mechanical circulatory support, including the use of ventricular assist devices (VAD) or lung-mimicking extracorporeal membrane oxygenation (ECMO) machines.

These gizmos come with a high price tag
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle%2FPMC5444844>>
, with total hospitalization costs for pediatric patients receiving such support estimated around \$755K (VAD) and \$809K (ECMO), versus \$457K for patients not getting

mechanical support.

Unfortunately, research involving pediatric heart patients suggests these mechanical supports do little good. In one myocarditis study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.springer.com%2Farticle%2F1020-03687-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03>

in kids, the development of ventricular arrhythmia strongly predicted both ECMO utilization AND mortality.

Good for business, bad for families

Cardiac injuries triggered by dangerous COVID injections appear to be good for business. As the Mayo Clinic frankly admits, some myocarditis patients will require lifelong medication — creating customers for life.

Moreover, the corticosteroids — “or other medications to suppress [the] immune system” — and anti-clotting or blood-pressure drugs prescribed for supposedly “mild” cases of myocarditis come with their own set of side effects, setting the stage for further profit-generating medical and pharmaceutical interventions down the road.

A July 2021 BusinessWire report forecast

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.businesswire.com%2Fnews%2Fcardiac-assist-devices-market-to-2027---increasing-incidence-of-heart-failure-is-driving-growth---ResearchAndMarkets.com&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03>

a booming market for cardiac-assist devices such as VAD through 2027, noting “increasing incidence of heart failure is driving growth.”

BusinessWire cited the vast pipeline of such products as a market driver and “opportunity.”

Market researchers also predict:

* An “upward trend

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.marketwatch.com%2Fpress-release%2Fglobal-myocarditis-treatment-market-growth-statistics-2021-competitive-landscape-restraining-factors-market-concentration-rate-development-status-and-growth-by-forecast-2027-2021-11-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03>

” for the overall “myocarditis treatment market,” with the market “expected to rise over the projected horizon” (2021–2027).

* Steady growth

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frivercountry.newschannelnebraska.com%2Fcardiomyopathy-market-size-with-comprehensive-growth-research-2021-revenue-analysis-by-regions-industry-trends-and-global-share-forecast-to-2026&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03>

in the global market addressing dilated cardiomyopathy (one of the downstream consequences of myocarditis) — from \$163 million in 2019 to \$258.2 million by 2026.

* An equally rosy “global pericarditis market” featuring market players

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.marketresearchplace.com%2Fpericarditis-market-research-report-2021-2027-207167.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11d0e21726-03>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdekeating-autopsy-death-myocarditis-pfizer-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11>
and AstraZeneca

as well as other Pharma giants such as Bayer and Merck

■

— which researchers eagerly (coincidentally?) announced

or facing a broken heart and uncertain future

■

ungodly and criminal medical experiment on humankind

" — a key fixture of the push for a global control grid

vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C11
— are content to uphold the ruinous status quo.

injections%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C64fde251aadd43af066408d9f69e067e%7C
they surely never anticipated.

From: TERESA TRAPP
Sent: 2/15/2022 1:56:15 PM
To: DOH WSBOH
Cc:
Subject: COMPLETELY DISAGREE WITH VACCINE MANDATE FOR CHILDREN!!!!!!!!!!!!!!

External Email

I want it to be noted my utter and THOROUGH disagreement with this mandate. If you have a child with special needs, as I do, and the complication of their care already, to risk a vaccine that has not been long term tested or approved that I would consider TRUSTING THE GOVERNMENT to go ahead and inject my child with this and then I WOULD BE RESPONSIBLE FOR THE LIFE LONG CARE of the damage that could potentially be done by the vaccine.

This is UTTER MADNESS and I am soooo angry YOU the government is making best health decisions for a child you have never even met!

Teresa M. Trapp

From: Trish Nilsen
Sent: 2/16/2022 6:01:08 PM
To: DOH WSBOH
Cc:
Subject: Public Records request

External Email

February 16, 2022

I Patricia Nilsen request any and all materials pertaining to the TAG meetings that have occurred to date that are recommending to the Board of Health that COVID shots (246-105 WAC) be added to the list of mandated vaccines for kids in schools and childcare. I want all the emails between TAG and Board members on this topic too. I am asking for both the "native files" and "meta data."

Please also include the results of any public surveys on this topic that the TAG did prior to the February 17th Board of Health meeting. I myself submitted feedback on the survey and never heard the results of the public comment survey; I know the survey "broke" because they got too many responses so they put out at least one more and/or extended the survey window so I want ALL the data gathered from public comment by TAG on this topic.

Patricia(Trish) Nilsen

3847 Bells Beach Rd

Langley, WA 98260

nilsens@whidbey.com <mailto:nilsens@whidbey.com>

206-818-6536

From: Rick Baxter
Sent: 2/26/2022 9:09:38 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 & BRITTANY CSEH
Sent: 2/24/2022 1:16:05 PM
To: DOH WSBOH,JOHN & BRITTANY CSEH
Cc:
Subject: WAC-246-030 / VOTE NO!!!

External Email

Good Afternoon,

I am requesting that the WA State Dept. of Health TAG votes NO regarding adding the COVID19 vaccination to the required list of vaccines in order to attend public school.

I have many reasons to encourage you all to vote NO:

1. There many known negative side effects including neurological and physical adverse effects as well as death. (openvaers.com)
2. There are other known medicines that successfully work that are not the COVID19 vaccination to treat COVID19.
3. This COVID19 vaccination is not for everyone.
4. Human beings should have the right to choose what they want to do with their individual health. Nothing forced.
5. What about Natural Immunity? This is real. Natural Immunity works.

Please vote NO.

Thank you,

Brittany Cseh

From: Gita Rabbani
Sent: 2/16/2022 8:38:54 AM
To: DOH WSBOH
Cc:
Subject: Reject covid vaccine mandate

External Email

To Whom it May Concern,
I am writing to urge you to not recommend mandatory covid vaccinations for school attendance.

There has been no shortage of publicity and access for anyone who has wanted it, so if there's a child who is not vaccinated, it's not for lack of access-- it's because there is significant parental concern. To now require the vaccine would essentially coerce any parent who has no alternative to public schools to vaccinate their child despite their deep held concerns. Remember that affluent families have a much greater opportunity to simply un-enroll from schools, find private tutoring, homeschool, and other alternatives to putting their kids in school. The families you will force into vaccination will be the poor, the marginalized, the disenfranchised, the minorities and in this new world of 'equity', I can't imagine anything more inequitable that to hold a parent's ability to access education for their child (and also childcare so that the parent can continue to go to work) hostage with such a mandate.

I do not need to tell you how incredibly controversial this move would be if you were to mandate the vaccine. It would be seen as out right coercion and I do not believe it is in the best interests of the people of Washington and this Board to move forward with such a contentious and divisive recommendation. You would loose the trust of millions of parents, causing enormous issues and non-adherence with any other recommendations or suggestions this Board makes going forward.

So in short, please ensure that all children, vaccinated for covid or not, have access to education and ensure that you do not lose the trust of parents in our state.

Sincerely,
Gita Rabbani

From: Wendy Miller
Sent: 2/17/2022 12:14:38 AM
To: DOH WSBOH
Cc:
Subject: Vote NO on TAG items 1, 2 and 4 regarding criteria on the effectiveness of the Covid Vaccine

External Email

wsboh@sboh.wa.gov. Forward this to others too. I sent this:

Today the BOH TAG will be voting on items 1, 2 and 4 regarding criteria on the effectiveness of the Covid Vaccine. None of these items are fulfilled. Therefore, the only appropriate and honest vote would be NO on each.

"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..."

Item 1. The licensed Covid shot is NOT available in the US. There is no FDA COVID-19 shot licensed for ages 5-15. You should vote NO.

"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."

Item 2. The shot does NOT stop infection or transmission, allows disease, and does NOT provide population-based prevention. You should vote NO.

"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."

Item 4. The shot is NOT safe for children. VAERS shows it causes more death, myocarditis and neurological harm than any past vaccine, many times over. Pre-clinical trials showed more illness and death in the vaccinated group than in the placebo group! Maddie De Garay was severely injured in the 12-15 year age trial. You should vote NO.

The only choice of integrity is to vote NO, as the criteria are not met. You know that the shot is not approved for children. EUA is NOT approval! You know that the shot does not stop infection or transmission or provide population-based prevention and does allow disease. You know that children are at such low risk from serious Covid, that the shot is a greater risk to them. Protect our children from harmful, unnecessary medical experimentation.

Sincerely,

Wendy Miller

From: 921rcx@charter.net
Sent: 2/22/2022 7:35:00 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID-19 Vaccination for Children

External Email

To the Technical Advisory Group:

Please do not make the Covid-19 vaccine a requirement for attending school in Washington state. I'm sure you have all read numerous articles from respected doctors and scientists who have shown these vaccines are not necessary for children and are not without risk. If these vaccines are required, the numbers of children suffering vaccine injuries will increase tremendously. This is a fact. Do you want your names associated with having required this vaccination?

Do the right thing. Do not make the Covid-19 vaccine a requirement. Leave that decision up to the parents and guardians of the children.

Sincerely,

Jeffrey Carmona

--

Sent from my Android device with K-9 Mail. Please excuse my brevity.

--

Sent from my Android device with K-9 Mail. Please excuse my brevity.

From: McKenna Anderson
Sent: 2/24/2022 2:23:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caf9adf0c878d46e360dc08d9f7e44bc5>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caf9adf0c878d46e360dc08d9f7e44bc5>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caf9adf0c878d46e360dc08d9f7e44bc5>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

McKenna Anderson

Sent from my iPhone

From: Tahnee Schubert
Sent: 2/17/2022 10:51:06 AM
To: DOH WSBOH
Cc:
Subject: Vaccination for school age

External Email

Good morning,

The COVID vaccine should not be required for school aged children. My child will not be attending school if this is required. Also, I know many people who will pull their children out of school.

Thank you. Have a nice day.

Sent from my iPhone

From: Annette Rose
Sent: 2/19/2022 8:05:45 AM
To: DOH WSBOH
Cc:
Subject: Whistleblowers Share DOD Medical Data That Blows Vaccine Safety Debate Wide Open - Truth Press

External Email

Why isn't your TAG team mentioning ANY of the real data??? They are full of lies. People will die ... our children will die... if you mandate this for schools.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2Fwhistleblowers-share-dod-medical-data-that-blows-vaccine-safety-debate-wide-open%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C81890d44d0b141145a1c08d9f3c1ad80%7C>

Annette
Sent from my iPhone

From: Kathy Ramin
Sent: 2/17/2022 10:15:18 AM
To: DOH WSBOH
Cc:
Subject: WAC 246-105

External Email

PLEASE LET IT BE KNOWN THAT WE TOTALLY REJECT THIS BILL. Stop experimenting on the population, stop attacking our children, no COVID MNRA SHOT FOR ANYONE SHOULD BE MANDATED, but most especially for our children.

Kathleen Ramin
Skagit County

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Phil and Karen
Sent: 2/18/2022 1:08:48 PM
To: DOH WSBOH
Cc:
Subject: Re: Covid vax

External Email

Sent from my iPhone

On Feb 18, 2022, at 12:22 PM, Phil and Karen <pks7@comcast.net> wrote:

□

Only parents should decide to have their children vaccinated . Is not for the government . The Lord our God Y'SHUA/Jesus only gives that privilege to the parents . Stop government tyranny.

Also Covid 19 is a bio- weapon / protein spike and has not been certified . We the people need to stand up for our God given rights . Shalom a grandmother. We will vote all you democrats out .

Karen Simons
WAC 246-105

Sent from my iPhone

From: Katy Oneal
Sent: 2/18/2022 10:25:28 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

While I understand that mandating the covid vaccine is an attempt to keep our children safe, I ask you to please consider that this vaccine is too new to know the long term effects and that makes it a health concern for many of us parents. My teenage son has had covid twice, both times he contracted it from a vaccinated peer. This vaccine does not stop our children from contracting or spreading this illness. If a parent deems that their child has an increased chance of becoming seriously ill from covid then perhaps the vaccination would be worth the risks for them. For my family, this illness has been no more serious or threatening than any flu we have ever had. Thank you for your time and consideration.

Sent from my iPhone

From: SANDY YOUNG
Sent: 2/17/2022 1:09:42 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: K Lewis
Sent: 2/24/2022 10:19:44 AM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C55d6e5518c794a1745b808d9f7c217c6%7>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C55d6e5518c794a1745b808d9f7c217c6%7>>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C55d6e5518c794a1745b808d9f7c217c6%7>>

Our family personally knows 8 people who died within 2 weeks of the 2nd dose of the vaccines. (6 of those within 48 hrs of it)...all heart attacks and strokes and NONE REPORTED TO VAERS.

ALSO the PFIZER trial for children ghosted participants who had adverse events outside of "normal/desirable" events.

Please look outside of your targeted, specially CURATED data points and actually CARE about children!!

From: Mitchell, Brittini M (DOH)
Sent: 2/23/2022 8:34:54 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please respond as appropriate, thank you!

Message was attached to: Vaccines for School Children

From: Corrie Bechtold
Sent: 2/23/2022 8:20:13 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that if you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Message was attached to: Vaccines for School Children

From: Trisha Howarth
Sent: 2/23/2022 8:10:37 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

Message was attached to: Vaccines for School Children

From: Tena Storgaard
Sent: 2/23/2022 8:09:49 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children - A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: Dawn Potter Photography
Sent: 2/23/2022 7:43:43 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Dawn Potter

Message was attached to: Vaccines for School Children

From: steven kaiser
Sent: 2/23/2022 7:40:29 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Serenity Frank
Sent: 2/23/2022 6:59:53 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Message was attached to: Vaccines for School Children

From: Lisa HALE
Sent: 2/23/2022 6:46:16 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Jenna Edlund

Sent: 2/22/2022 11:58:51 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), 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), benjamin.wilfond@seattlechildrens.org, FBell@wcaap.org

Cc:

Subject: Vaccines for School Children – A Second Opinion

External Email

> ☐TOur State Leaders:

>

> I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

>

> I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

>

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>

> Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

>

> Thank you.

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> "

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>

>

> Thanks,

>

> Jenna

> God Bless America and Go Seahawks!!!!

>

>

> -Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Mark Dorn
Sent: 2/22/2022 9:35:32 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children in Washington

External Email

Hello,

Simply put. I intend to homeschool my children if the Covid-19 shot is added to the vaccination list for Washington schools. Do not get ahead of yourselves just to do what you think in the moment is what mainstream is telling you to do (its actually a very small voice pumped from the TV and a few doctors that play "expert" pumping out a one side narrative) There is a substantial amount (not anecdotal or some fairytale story) but a substantial amount of science and good data that shows these shots are very (not minimal) but very harmful to children and young adults. You just have to do some very basic research and be open to doing so. This isn't last year's conspiracy or some story made up in someone's mother's basement. No, this is coming from another viewpoint that has presented very real arguments and scientific evidence to back up their concerns. Some from leading renowned Doctors and experts in their fields. This can not simply be ignored.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

-Mark Dorn (Blue voter for now) but will quickly jump to the other side...

Message was attached to: Vaccines for School Children

From: Becky Carter
Sent: 2/22/2022 8:19:19 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Becky S Carter, DNP, NNP-BC

From: stephanie olmstead
Sent: 2/17/2022 5:22:03 PM
To: DOH WSBOH
Cc:
Subject: adding Covid-19 mRNA gene therapy to the immunization schedule for children and adolescence to attend school.

External Email

Dear Sir or Madam,

I am writing to you as a concerned citizen residing in Kent Washington and I am writing to you, the Board of Health and the Technical advisory group. I am alarmed. The information and data that has been presented during the previous zoom meeting and the February 17th, 2022, Zoom meeting have been completely based on misleading information. Dr Matthew Kronman presented a chart of reactions to the Covid-19 shot vs Placebo.....site soreness, headache, nausea, diarrhea etc. that seem to be vaccine reactions. The Chart has the process of the vaccine life cycle. No mention of the fact that you actually changed the definition of vaccine and vaccination for the sole purpose that the Covid-19 mRNA gene therapy can be called a vaccine. Completely misleading as a mRNA gene therapy is actually NOT a vaccination against Covid-19 as other childhood and adolescent vaccinations are.

From the last meeting Dr. Eric Lofgren an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Expressed concern that rates of myocarditis are high in vaccinated children but had no answer to explain the amount of cases. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because "there is not really anything magical about turning 18". Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Children getting myocarditis is not rare or temporary, as far as I understand once you get myocarditis it's for a lifetime as your heart does not repair itself. Vaers numbers for injury from vaccines are higher than you are portraying in your data. Your Board and your experts are downplaying the Vaers site and number of cases for myocarditis and yet your specialist Mr. Dunn says he is preferring the Vsd Vaccine safety data which actually states has the LEAST amount of data but is the MOST reliable? There is no data or no way to know the rates of myocarditis for unvaccinated or vaccinated and yet he says there's more myocarditis with unvaccinated.

I am appalled that you are allowing this falsely presented information and allowing it as factual truth for consent to innocent parents who are on the fence for getting their children vaccinated and putting this on the schedule of vaccinations for children to attend school. Your specialists have stated several times that there is not enough scientific data to support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria.

Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members to not look at the evidence or lack thereof, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG

members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote.

You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision.

A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states.

A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts.

The right to avoid the imposition of human experimentation is fundamental, rooted in the Nuremberg Code of 1947, has been ratified by the 1964 Declaration of Helsinki, and further codified in the United States Code of Federal Regulations. In addition to the United States regarding itself as bound by these provisions, these principles were adopted by the FDA in its regulations requiring the informed consent of human subjects for medical research. It is unlawful to conduct medical research, even in the case of an emergency, unless steps are taken to secure informed consent of all participants.

Clearly, any attempt to force anyone to take a Covid-19 vaccine including our children who do not have a voice is a violation of federal law and the conditions under the Covid-19 vaccine has been authorized for use. The law is clear, experimental medical treatment cannot be mandated that includes putting it on the vaccine schedule required for attending school for children.

If the Board chooses to continue forward with these meetings, I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold, and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

OUR CHILDREN ARE NOT GUINEA PIGS IN THIS EXPERIMENT. NUREMBERG 2.0

Sincerely,
Stephanie Olmstead

Kent, WA

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F9867E8BBD40D40AE>
for Windows

From: Rebecca Thompson
Sent: 2/17/2022 4:34:25 AM
To: Jessica Dowell
Subject: It's time

External Email

Time to remove the masks!!!

This has gone on long enough! Time to let these kids be free. While thousands of people attended the Super Bowl maskless and shoulder to shoulder these kids are still going to school masked, social distancing and eating lunch in chairs without a table. This is abuse, and it is disgusting. I am sick of seeing these kids be treated this way. There is absolutely no reason for this to continue. People need to start pulling their children out of public school. These children are suffering at the hands of people who do not care for the well being of our children and the consequences it will impact on them for the rest of their lives.

REMOVE THE MASK MANDATES NOW!!!

--

Rebecca Thompson

From: Piper Germick
Sent: 2/16/2022 6:44:07 PM
To: DOH WSBOH
Cc:
Subject: DO NOT FORCE VACCINES

External Email

You're forcing something into children's bodies with unknown short-term & long-term damage, and there's no liability to the manufactures to cover medical expenses should there be damages to the child...the medical bills fall only on the parents who take the risk. No liability for doctors. The parents whose children die as a result or have lifelong adverse damages have to bear that alone with no help from even their insurance. THIS WILL BE YOUR FAULT.
DO NOT DO THIS INJUSTICE TO THE CHILDREN OF WASHINGTON STATE AND TO THEIR FAMILIES.

Signed,
Jesse and Piper Germick

Sent from my iPhone

From: Corissa Sprague
Sent: 2/22/2022 8:29:07 AM
To: DOH WSBOH
Cc:
Subject: I oppose mandated Covid vaccinations for schools

External Email

There is not enough testing to accurately judge the risks. My children are not experiments. With a 99% survival rate, I am unclear as to why we even have a vaccination for CoVid, especially when it clearly doesn't work. A vaccination is supposed to protect you from getting and spreading the disease or virus and yet, that's not being shown satisfactorily. We are still people that are vaccinated that are still getting AND spreading Covid.

Warmly,

Corissa Bryner, Realtor

(360) 410-6113

Corissa.bryner@gmail.com <mailto:Corissa.bryner@gmail.com>

<https://docs.google.com/uc?export=download&id=1XiA1cIFVID_W9NbygZ2vaNZRQvFWnxzw&revid=0Bw>

communities further.

And speaking of cost effectiveness: how about discussing the number of families who will pull their children out of school because of the bad recommendations by the health boards in our state? Even though there will be exemptions. Families are fed up with the assumptions and wishful thinking of these committees. Living in an alternate reality. Everyone needs to take a step back and realize this vaccine effort has not been as successful as hoped. And forcing it on our school aged population is NOT going to fix the current health crisis. It will only make things worse.

Please consider. Both sides of this discussion need representation.

-Danielle from Marysville.

From: Testify Online Survey
Sent: 2/18/2022 10:16:35 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Ongoing

2.

Agenda Item or Issue:

Covid19 vaccines for school age kids

3.

Your Name:

Boonee

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5813 south oakes st tacoma WA 98409

7.

Email:

booneesw@gmail.com

8.

Phone Number (Include Area Code):

253-448-1097

9.

Do you have any special expertise relevant to this topic?

2. No

I am a parent who can read

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

It is vial and disgusting that you are proposing this change to Washington state code to enforce Covid 19 vaccines for school age kids when there is no long term safety study, children should never be victims of experimentation.

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 1:18:33 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Yvonne Ascoli <lascoli@comcast.net>
Sent: Wednesday, February 23, 2022 1:16 PM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org; DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to

please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Yvonne Ascoli

"

Sent from my iPad

From: rehig@centurytel.net
Sent: 2/17/2022 1:27:37 PM
To: DOH WSBOH
Cc:
Subject: Covid Jab WAC 246-105.

External Email

Concerning WAC 246-105

To force Covid vaccinations on our children is bad and uncalled for. There is new information every day from world renowned doctors stating the possible and real effects on the young. Such as myocarditis related to the shot, potential for permanent damage to the nervous system, cardiovascular, and immune systems. And who knows what may happen in 2 years or 5 years and even 10 years. The injection was rushed through testing (which normally takes years) and now we are finding new problems every day. Way too much is unknown and we are using us and our children like lab animals. And now to top it all off we are finding the injection is not very effective. Please do not allow this to move forward.

Thank you,
RH

From: Jotform
Sent: 2/17/2022 7:17:20 PM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Deborah Wesala

External Email

<<https://cdn.jotfor.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Deborah Wesala

Email

deborah.wesala@gmail.com

Zip

, , , , 98662

Cell Phone Number

(425) 5821609

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: Robert Holte
Sent: 2/25/2022 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: Jon Garriott
Sent: 2/21/2022 8:35:49 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – leave it to parents

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

It is time for politicians to get out of the healthcare business!

Thank you.

Jon

From: Candy Cooper
Sent: 2/16/2022 3:19:29 PM
To: DOH WSBOH
Cc:
Subject: Our Children

External Email

To whom it may concern:

PLEASE, PLEASE, PLEASE DO NOT REQUIRE A COVID MNRA FOR CHILDREN TO ATTEND SCHOOL THIS COMING FALL (Covid-19 injections as part of school immunization requirements using WAC 246-105). Our kids have suffered enough! It is so bizarre of our government to go in this direction considering this virus has not infected our kids. NUTS!

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Candy Cooper
Broker/Owner
Allied, Realtors
360-588-0643 Office
360-661-2929 Cell

<<https://docs.google.com/uc?export=download&id=15qdCEebdPJvwrB94P8cTI1m7tlbPw7gw&revid=0B9N0>

From: K Lewis
Sent: 2/24/2022 11:33:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Dr. Benjamin Wilfond mentioned that 3 generations of his family currently have COVID.

HOW MANY OF THEM ARE FULLY VACCINATED?

□□

If Dr. Wilfond's family was all vaccinated, I'm sure there would not be a need for them to be 'ringing his phone off the hook' as your purported data suggests their cases would all be mild.

In our own real life experiences, it is actually UNVACCINATED people who have had milder infections with COVID...the data will eventually catch up with it.

From: Rhonda Thurman
Sent: 2/25/2022 1:32:59 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: Alison Handsaker
Sent: 2/24/2022 10:22:29 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Washington Board of Health,

Our youth are too precious to rush this decision. There are too many unknowns about the immediate and long term effects of the covid vaccine to make this mandatory. Let families choose what is best for themselves.

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C101dbfb83be14960561f08d9f7c29cf2)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

From: Michael Smith
Sent: 2/23/2022 12:00:04 PM
To: DOH WSBOH
Cc:
Subject: Comments for Immunization TAG

External Email

To whom it may concern:

I am a concerned parent of a King Co Public school family of 4. You have my support to reject making the COVID 19 vaccine mandatory. Understanding this vaccine does not prevent transmission to an already very low risk group + the fact that many children will have prior immunity, please do not make this vaccine mandatory. Not this early.

My kids, who have prior immunity, will be pulled from school. There is no benefit to them to receive this vaccine and albeit small, only risk associated. Please consider. You have my support to NOT vote to mandate.

Thank you.

Concerned, fully vaccinated parent.

--

Michael Smith
smitty8234@gmail.com <mailto:smitty8234@gmail.com>
(219) 765-0548

From: richardmforde@aol.com
Sent: 2/15/2022 9:02:04 PM
To: DOH WSOB
Cc:
Subject: Vaccine Mandates for Children

External Email

Summary

Source: Physician and scientist with career in research and development of vaccines, Robert W. Malone, who has devoted his entire career to developing safe and effective ways to prevent and treat infectious diseases, whose sentiments are echoed by 17,000 other physicians and scientists worldwide.

"Before a child is injected with the Covid experimental vaccine, a decision that is irreversible, a parent should know the scientific facts about this genetic vaccine, which is based on the new mRNA vaccine technology.

"There are three issues parents need to understand:

1) "A viral gene will be injected into your children's cells. This gene forces the 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 about this is that once these damages have occurred, they are irreparable.

You cannot 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.

2) "The second thing you need to know is that this vaccine has NOT been adequately tested.

"We need at least five 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 child to be part of the most radical medical experiment in human history.

3) "The reason they are 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 child may have to live with for the rest of their lives.

"The risk/benefit analysis isn't even close. As a parent and grandparent, this physician's recommendation is to resist and fight to protect your children.

"If there is risk, there must be choice.

This is the fundamental bedrock truth of modern bioethics.

All medical procedures, vaccines, and drugs have risks."

Another prominent physician, Dr. McCullough, cardiologist, says

There are 21,000 cases of myocarditis in the U.S.

Myocarditis IS NOT MILD, especially for a child.

100% of myocarditis victims have heart damage and 32% never get back to normal.

Dr. Pendergrass (WA BOH) appeared to try to downplay myocarditis with the use of the word "mild".

The CoVID vaccine kills 15 people for every one it might save.

The CoVID vaccine kills 100 children for every one it might save.

Dr. Michael Yeadon says the vaccine kills 50 children for every one it might save.

There are 13 deaths per million for age 0-19 for CoVID-19.

Dr. Malone says "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.

"These are not classical vaccines. These are gene therapy products whose long term consequences are unknown. The FDA has NOT followed their own guidelines in this matter.

"A number of important safety studies in animals that would be expected have not been done (cancer, genotoxicity, studies in juvenile animals).

"Pfizer's quasi vaccine data for children has not been verified by the FDA. Many statistical issues cast doubt on Pfizer's estimate of 91% efficacy.

"Pfizer has changed the formulation from the one that was tested, without any further safety testing.

"FDA's risk-benefit analysis, comparing unvaccinated to fully vaccinated, for children is off by 26 times to give (conservatively) a 4 times greater risk than benefit."

Attorney Robert F. Kennedy, Jr., has documented that Pfizer has paid 35 billion in damages and criminal penalties since 2009 for falsifying science and defrauding regulators.

Damage to Children by Public Health Policies

Dr. Malone continues,

"We should not have politicized the public health response to SARS-CoV-2 and COVID-19.

Regarding the genetic COVID vaccines, the science is settled.

They are not working, and they are not completely safe.

These vaccines do not prevent Omicron infection, viral replication, or spread to others.

These genetic vaccines are leaky, have poor durability, and even if every man, woman, and child in the United States were vaccinated, these products cannot achieve herd immunity and stop COVID. In contrast, the natural immunity which healthy immune systems develop after infection and recovery from COVID is long lasting, broad, and highly protective from disease and death caused by this virus.

"And during the last two years, our society and our public health response has failed to protect the children. 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 in the very young has dropped. Fundamental childhood delays are easily measured. And physical damage is occurring to children from injecting them with genetic vaccines.

"If they are damaged, no state governor, no federal or state public health official will be there to help you. You, your family and your child will have to carry the load yourselves.

"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.

"The effects of the legacy media and big-tech promoted fear and psychological manipulation have deeply distorted public health policy.

It is time to end the fake emergency powers which have been used to suspend your constitutional and natural rights."

Sent from Deanna Burlingame, Eatonville, Wa.

From: Terry Fought
Sent: 2/17/2022 12:12:19 PM
To: DOH WSBOH
Cc:
Subject: RE: Citizen Input WA BOH TAG Meeting Thursday 2-17-2022

External Email

To the WA state BOH,

I am not in the medical field. I am an Electronics Engineer. I have designed some test equipment that is ten times more sensitive and accurate than what is currently available on the market today for an Aerospace and DOD contracted corporation . I cannot, because of an NDA agreement go into details of what I have done. That being said both the medical and engineering fields are based on scientific principles and practices that are similar. They are similar in the facts that both have been in use for many many decades. Also good scientific principles demand that theories, testing of those theories and turning them into reality requires much research and ongoing testing and revision as issues arise. Most science is an ongoing learning experience and requires being open to new theories and changes. Not all science is written in stone.

Just because a team of professional Scientific Engineers design something, build ,test it ,(with recorded data) and claim that their design is safe and will work does not make it is so. As a few examples of this I give you the Titanic, Space Shuttles Challenger, and Columbia !

Now how does this correlate to the COVID-19 vaccine for children ? For one thing there are hundreds of thousands of people who presented anecdotal evidence based on injuries and deaths that have occurred that may indicate that these vaccines are not safe, look and analyze the data in the VAERS database ! A good scientist does not simply dismiss this many claims as purely coincidental or an even more ridiculous assumption that they are nothing but "Conspiracy Theories" which in doing so is to dismiss these claims not based on any factual research of the people that have been injured or killed by these vaccines. I doubt any of you would want to fly on a new jetliner based off of new technologies that have never been accomplished before and that was engineered, and manufactured from the ground up in 6 months without even having full testing let alone full FAA approval. To use this new jetliner under an Emergency Use Authorization by the FAA without years of full testing and data to back it up that could meet or exceed the scrutiny of even the staunchest of critics would be LUDICROUS AND CRIMINAL !! This is exactly what you want to do with these so called vaccines that do not protect people from getting COVID-19.

To use the jetliner analogy one more time. It would be like the pilot saying "Good morning this is your pilot speaking and we will be departing from Sea-Tac to San Diego International Airport shortly. Oh wait a minute the plane will only be able to make it to LAX....oh sorry we can only fly as far as Portland International ...ummm wait a minute our flight engineer is telling us we may only make it off the ground but most of you will survive when we crash !! " WOULD YOU FLY ON THAT PLANE ?? WOULD YOU ALLOW YOUR CHILDREN TO FLY ON THAT PLANE ?? WOULD YOU WANT TO FLY ON ANY PLANE KNOWING THAT THE MANUFACTURER IS IMMUNE FROM ALL LAWSUITS ?? MY ANSWERS ARE NO ! NO ! AND NOOOOOOOOOO!!!!

To make this more criminal is to force or coerce parents into allowing these so called vaccine shots for the children. I got news for you this vaccine jetliner crashed big time shortly after being introduced and anyone saying that it is safe has not been willing to analyze the scientific data with their eyes open !!!!

Grant Fought

From: Shelly Larkin
Sent: 2/25/2022 6:00:18 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: Kasha Sonntag
Sent: 2/17/2022 10:04:06 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I'm on the TAG team call right now and the data being presented is only the portion you want to show to support the decision that seems to already be made. For instance:

You are showing vaccine efficacy data only up to delta and Omicron is now the variant in circulation and COMPLETELY changes the environment. You KNOW Omicron Covid is breaking through the vaccine and these 90% figures are now irrelevant!

Also, the high percentage rates claimed regarding reduction in hospitalization, severe illness and death do not present the context of ABSOLUTE RISK. Which the ABSOLUTE RISK of hospitalization, deaths and severe illness are very low (less than 1%) - especially with Omicron!

And the safety data being presented is ridiculous. Please don't claim to know the safety data for kids when there is NO LONG TERM SAFETY DATA!

Your name is associated with this recommendation, it's your responsibility to be informed beyond what is selected and fed to you on this call. Children are depending on you. History will tell the story, what part will you play.

<https://rwmalonemd.substack.com/p/were-never-going-to-learn-about-how-never-going-to-learn-about-how&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbad32808158b492a487808d9f23f8163%7C11d0e21>

<https://www.sciencedirect.com/science/article/pii/S221475002100161X?via%3Dihub#sec0175>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

<https://static1.squarespace.com/static/617d909092cd2314e37ebe67/t/61cd2981c928c169030d37d6/1640COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

Please do your homework on BOTH sides of the data.

Kasha Sonntag

Sent from my iPhone

From: Karen Baldrige
Sent: 2/24/2022 10:40:48 AM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is false and misleading!

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca575d86922b44367e1fc08d9f7c522c5%7C>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca575d86922b44367e1fc08d9f7c522c5%7C>>

Reason 3: The Vaccine does not reduce transmission: <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%7Ca575d86922b44367e1fc08d9f7c522c5%7C>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

As a HEALTH Care provider, I CANNOT support the Covid-19 vaccine to be included in the definition of WAC 246-105-030 based on the comments above, and on the lack and disregard of sound medical ethics and principles.

Respectfully,

Karen Baldrige RN, MPH
School Nurse

From: Sharon Toon
Sent: 2/17/2022 10:33:42 PM
To: DOH WSOH
Cc:
Subject: Opposed to force vaccination on Children

External Email

To Board of Health,

Covid Vaccinations should not be required for school-age children. Children have less chance of getting covid and if they do get it the symptoms are very mild. There are many concerns that I have with this shot and they are the following:
this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

This requirement is unnecessary.

Sincerely,
Sharon Toon

Sent from the all new AOL app for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplay.google.com%2Fstore%2Fapp>

From: Ramona Aboul Hosn
Sent: 2/24/2022 9:53:15 AM
To: DOH WSBOH
Cc:
Subject: Zoom Meeting 2/24/2022

External Email

As a PCO in King County, I am watching closely the proceedings of the Board of Health.

The Covid-19 vaccine is unnecessary, ineffective, and highly risky.

Do NOT add it to the mandatory school vaccines.

Sincerely,

Ramona Aboul Hosn

From: TJ Mellema
Sent: 2/23/2022 3:26:00 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine Requirments



attachments\775F00D5AA0F4C49_image0c5df7.PNG

External Email

Good Afternoon,

Sending this to express my strong opinion that a COVID 19 vaccine should NOT be required for School children. The vaccine has been proven to be ineffective and the COVID virus has been diluted to the point where it is similar to a common cold. Furthermore, the vaccine is unproven in side effects, especially for children. The vaccine is completely unnecessary and it will only add expense and burden to all schools and the government for no benefit and unknown side effects.

TJ Mellema

Project Director

323 Telegraph Road

Bellingham, WA 98226

Cell: (360) 815-3940

Phone: (360) 734-2872

www.exxelpacific.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.exxelpacific.com%2F&data=0>>

exxelexception

From: Hisaw, Melanie (SBOH)
Sent: 2/17/2022 11:08:09 AM
To: DOH WSBOH
Cc:
Subject: FW: Parent concern



attachments\AE94A9AE02364320_f3150d75-4c8d-4744-9677-9f942b96a35e.jpg

From: Jen Edington <jenedington@gmail.com>
Sent: Thursday, February 17, 2022 11:07 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Parent concern

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: Hoff, Christy Curwick (DOH)
Sent: 2/16/2022 10:34:36 AM
To: DOH WSBOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

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

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:34 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Board Member,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA.

The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in

5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine.

Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr.

Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Sharon Damoff
Sent: 2/21/2022 1:16:40 PM
To: DOH WSBOH
Cc:
Subject: No covid vaccine mandates

External Email

Dear Board of Health,

I am writing to oppose mandating a covid vaccine for children.

It is abundantly obvious that covid poses virtually no threat to healthy children, while the long-term negative effects of the vaccine are impossible to know.

We do already know that the vaccine can cause myocarditis (especially in males) and that the vaccine alters the menstrual cycles of women.

It would be a big mistake to mandate a vaccine that children do not need and that has known negative side effects.

Individual parents should make decisions for their own children, based on their individual needs and risks. For example, if a child is overweight or diabetic, the parents would likely choose to vaccinate.

But the state should absolutely not mandate a vaccine as a condition of receiving the education the state is required to provide to kids.

Thank you,
Sharon Damoff
Mukilteo, WA

From: Deborah McPherson
Sent: 2/17/2022 3:25:15 PM
To: DOH WSBOH
Cc:
Subject: Proposed required Covid Vax

External Email

Hold on and just stop. You are moving way too fast. The vaccine (emergency use authorization only) presents more risk to children than Covid-19. More children have died from influenza in 1 year than from Covid. We don't require influenza shots.

Sent from my iPhone

From: Lory Cover
Sent: 2/25/2022 3:39:17 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: Joel Howard
Sent: 2/26/2022 8:46:11 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: Susan Cole
Sent: 2/17/2022 6:56:40 PM
To: DOH WSBOH
Cc:
Subject: No Vaccinations for school aged children

External Email

Other countries do not require vaccinations for children and the children live well. It would be beneficial to give parents the information on how to strengthen the immune system by means of exercise and clean eating which also strengthens mental health.
Susan

Sent from my iPad

From: Bill Swanson
Sent: 2/17/2022 10:33:14 AM
To: DOH WSBOH
Cc:
Subject: School vax requirements

External Email

RE: Schools and Covid challenges:

I see four simple reasons not to mandate Covid-19 vaccines for school attendance:

- 1) The current injections are designed for an extinct strain of the virus.
- 2) The injections don't prevent viral infections.
- 3) The injections don't prevent viral spread.
- 4) Side-effects and injuries caused by the injections will vastly out-number injuries prevented by the injections.

The science is clear.

Thank you

William Swanson
18514 Swanson Lane
Stanwood, WA 98292

From: Lawanda Hatch
Sent: 2/16/2022 7:11:57 AM
To: DOH WSBOH
Cc:
Subject: Letter to the Health Board



attachments\EF8EC65D438148EF_420-339-VaccineBreakthroughReport.pdf

External Email

To: Washington State Health Board
From: La Wanda HAtch
Concerning: Vote on requiring K-12 children to be vaxxed

Health Board Members,

As I heard as I watched the last month's health board meeting, the tech committee advised for required vaccines for children K-12. I am greatly concerned. I wonder what data they used to make this recommendation or if they just listen to those in the political bureaucracy? Good science is data driven, and is not decided by consensus. We should always be on the side of precaution, but it seems they have thrown the data to the wind, come Hell or High Water, they decided long ago how they would land. This is so dangerous, not only for the children, but for you and this state. If you force the shots onto the children that are still under EUA, then any break through cases, as well as any side effects, will make each of you liable. Whether they are successful or not, they will sue. People are already angry and they will sue you and the local school boards. Those suits will be allowed to go forward in each of their counties that their perspective school districts reside, so you will not get the protection from the left side liberal courts.

As it is your own report, data is showing that just between January 17 and January 29th there were 326,338 break through cases. Out of those, .4% died. (1,313.35) Some were children. (See attachment) Then there are those that will die or have side effects from the vaccine, of who I personally know, it seems young healthy people are at a great risk. I have 2 nephews with heart problem. A friend's daughter who got covid after getting the shot and has lingering side effects. I have 2 friends that a pregnant daughter and a sister that died from the shot.

So, I would like to see the Tech Advisory group's Risk/Reward Assessment, where they take ALL the data into account. Including those that the public has not been allowed to see. In fact the study put out by Israel is showing natural immunity is 13 x better than getting the shot. <https://www.clarkcountytoday.com/news/israeli-study-shows-natural-immunity-delivers-13-times-more-protection-than-covid-vaccines/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Fisraeli-study-shows-natural-immunity-delivers-13-times-more-protection-than-covid-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf3a20be9674b45c5840b08d9f15e942b%7C>>
When the cure is worse for the youth than the actual virus, you have a big problem. Especially, because you now have the data. You are no longer working in the dark.

Save yourself from going down in history as hated and unfeeling monsters, and stop this nonsense, now. Let people decide for themselves and their children's health (Whom they are responsible for) and DO NOT MANDATE FORCED COVID SHOTS! Forcing will bring a flood of litigation, where monies from all over the nation is ready to flood in if you do.

Thank you,

LaWanda Hatch
Franklin County
Pasco School District
509-412-8715

From: outlook_BC0333E76407E608@outlook.com
Sent: 2/17/2022 3:45:00 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-105.

External Email

Board of Health, I see that you want to include Covid-19 injections as part of school immunization requirements. I ardently urge you NOT to recommend this! The vaccinations haven't truly been approved and who knows how much damage would show up from these vaccinations in the children's bodies down the road. Please, I am begging you to think very carefully before you personally force these children's bodies and lives to undergo something so risky and to possibly be irreparably damaged and injured from these vaccines.

Karen Kephart

From: BRET HEATH
Sent: 2/22/2022 4:05:31 PM
To: DOH WSBOH
Cc:
Subject: TAG Vaccination Recommendation

External Email

Dear Washington State Board of Health Members,

I understand the TAG is working on a recommendation to potentially include COVID-19 vaccinations as mandatory for school children.

While it may be a good idea at some point to research this issue and make recommendations, I believe it is much to premature to do so at this time.

The vaccination drugs currently in use are under emergency use authorization and have not gone through the rigorous clinical trial phases required of every other drug introduced in our society. At this time, we only know the short term side effects of these vaccines, and, unfortunately, due to the emergency use authorization, the companies responsible for developing these drugs cannot be held liable for damages their product may cause.

Additionally, it is never a good sign when only one side of a debate is allowed in the public space. This should be a large red flag to any government body considering requiring an un-reversible and not fully tested form of treatment on children.

The vaccines, properly applied to those at very high risk, may indeed have more upside than down. However, administering these drugs to children prior to having, and analyzing, ALL of the information available, should be unconscionable for a powerful body, such such as the SBOH, to consider.

Regarding having all of the information, I have inserted below a recent article from the New York Times revealing vaccine information apparently withheld by the CDC.

"The New York Times made an eye-popping admission on Sunday regarding data collected by the Centers for Disease Control (CDC) on Covid-19 vaccines.

In an article titled

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fcdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca6d63a6a678745c0c7ff08d9f66033a4%7C11d0>

, "The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects," reporter Apoorva Mandavilli writes: "For more than a year, the Centers for Disease Control and Prevention has collected data on hospitalizations for Covid-19 in the United States and broken it down by age, race and vaccination status. But it has not made most of the information public."

Mandavilli, who covers science and global health for the Times, reported that the agency has published "only a tiny fraction of the data it has collected" since the pandemic began, including data on booster efficacy for 18 - 49 year-olds, a tremendous chunk of the U.S. population.

Reasons listed include bureaucracy, sample size, and not being "ready for prime time," but one that's definitely set to raise lots of eyebrows is the claim that the data could be "misinterpreted" by Covid vaccine skeptics."

Thank you for your time and consideration in this critical matter.

Sincerely,

Bret Heath

425-677-4391

bheath6900@comcast.net <<mailto:bheath6900@comcast.net>>

KD7SAQ

From: Glasoe, Stuart D (SBOH)
Sent: 2/16/2022 11:55:41 AM
To: DOH WSBOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:38 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Board Member,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: tara camp
Sent: 2/16/2022 11:05:54 AM
To: DOH WSBOH, Reykdal, Chris
Cc:
Subject: School covid vaccine

External Email

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. The data does not support the narrative and had to be removed.

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

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.

Parents have spoken, we will pull our children from public schools, we will relocate, the Wa public school systems will crumble. It's time for all of you to start listening to the citizens and parents of Washington.

Respectfully,

Tara

Sent from my iPhone

From: Nathan Peck
Sent: 2/17/2022 11:12:38 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hi there,

My questions are regarding the necessity of the vaccine for kids. Doctors have said for a while now that, in general, children are the least at risk for serious symptoms of Covid-19. My 4 children have all had covid-19 at least twice now in the past year, that we know of. Each time they had it, it was barely an inconvenience. I understand that's not the case for everyone but in general, I think most children are not experiencing terrible symptoms. Over the past few months there have been several countries that have officially said they would not be recommending vaccines for ages 5-12. One country, Sweden or Norway (I can't recall which one) stated their reasoning was that they didn't see a vaccine mandate for that age group as having a significant impact on Covid cases or the effect of symptoms. I'm inclined to agree with that sentiment. I don't see the point. Many doctors are saying we have officially moved into the endemic stage of the virus where this

Virus has transformed to a less intense variant and many people have either had it or been vaccinated therefore have natural or vaccine "immunity". So, what is TAGs thoughts on that and will they consider what other countries health officials are recommending? Why mandate a vaccine for an age group that is so minimally affected and is not at a high risk?

Thank you,
Nathan Peck

From: ccarter
Sent: 2/18/2022 12:22:27 AM
To: DOH WSBOH
Cc:
Subject: Please Oppose Mandating Vaccinations for School Children

External Email

Please oppose the mandate of covid vaccinations for school children as Science has shown that children do not suffer as much harm from covid as they do from the vaccinations. Covid has run its course, and is now put in the category as the Spanish flu, which is still around, since it, like Covid, have animal hosts as well as human. They never go away. But they do lose their potency, so they are not a threat to the 99.9978% of the human race. Why the big push for this is purely power and money greed. That needs to stop. Please put a stop to it by opposing this and by opposing having Covid listed as a regulated disease requiring quarantine.

Thank you,

Cindy Carter

Eastsound, WA

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"Stand at the crossroads and look; ask for the ancient paths, ask where the good way is and walk in it, and you will find rest for your souls." Jeremiah 6:16

From: Rhonda Miles
Sent: 2/17/2022 9:12:03 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine

External Email

I oppose the requirement of the emergency use vaccine for children to attend schools here in Washington state.

These experimental vaccines have not been tried and tested for any length of time to show if there may be any adverse reactions to children. It normally takes 5-10 years to observe and possible risks with a vaccine. The number of medications approved that later have been found to be ridiculous are abundant, from sorry pills to the swine flu vaccine of the 70's which I was a part of.

As an emergency use vaccine I do not understand the justification for practicing on our children that are minimally effected by this virus.

From: Chris McKee
Sent: 2/26/2022 8:22:25 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: Debra Wells

Sent: 2/17/2022 5:11:22 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),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: CDC finally recognizes natural immunity



attachments\DABD93D36C7440B6_cdc_113858_DS1.pdf

External Email

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, 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}

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%7C7197d53c

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

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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>

[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%7C01%7C7197d53c6dc340f06f6608d9f27b0630%7C11>

[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>

[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%7C01%7C7197d53c6dc340f06f6608d9f27b0630%7C11>

[gov/view/cdc/113253](https://stacks.cdc.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%7C7197d53c6dc340f06f6608d9f27b0630%7C11>

[proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7197d53c6dc340f06f6608d9f27b0630%7C11](https://covid.cdc.gov/covid-data-tracker/#variant-proportions)

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, and 11.1-fold lower (95% CI = 8.2–14.7) among vaccinated persons with a previous COVID-19 diagnosis. Morbidity and Mortality Weekly Report 128 MMWR / January 28, 2022 / Vol. 71 / No. 4 US Department of Health and Human Services/Centers for Disease Control and Prevention

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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Prevention MMWR / January 28, 2022 / Vol. 71 / No. 4 129

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

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Booster for p

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booster for ce

persons aged

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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.
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Summary

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?

Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

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%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%2F>

ncov%2Fscience%2Fscience-

briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7197d53c6dc340f06f6608d9f27b0630%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.

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%7C7197d53c6dc340f06f6608d9f27b0630%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/)
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January 30, 2022

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Gilbert G. Berdine, M.D

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– January 30, 2022

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The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
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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%2F2015-2019%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%2Fncchs%2Fnvss%2F2015-2019%2Fweekly-deaths-by-age-group>
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>
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%2F2015-2019%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.

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%7C7197d53c6dc340f06f6608d9f27b0630%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: Richard Miller
Sent: 2/25/2022 7:36:04 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: Linda Ryan
Sent: 2/16/2022 5:28:33 PM
To: DOH WSOH
Cc:
Subject: Re: NO COVID INJECTION AS PART OF SCHOOL IMMUNIZATION REQUIREMENTS

External Email

Additional information to my earlier email:

I am disgusted with the lack of sense you are displaying regarding forced vaccinations. See Seattle times in late December where it explains most COVID cases are vaccinated! Yet here you are without considering all the information.

For instance. I was looking into why a person would vaccinate their child when I stumbled upon this. I was trying to compare the benefit of giving kids the vaccine vs the possibility of them getting Covid let alone dying of it. What I found is the possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you but smart people like you and I that are not just blindly following a money/power motivated push, and want to know can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7C2e8a1ca4a6ea47a4fc2008d9f1b4ce87%7C11>

As for catching and spreading this virus there are and have been many treatments that are and have been approved for years with little to no adverse effects that do help prevent illness and yes even infection. Everyone alive today who has eyes to see, ears to hear, and a mind of their own knows this. Why do you not know this? Or do you now and

have lied for some unknown reason? If you do know this and have kept it from us for two years now, then you are the killers, not the virus!

As for forced quarantines and forced medical procedures. I promise you this is not a path we as Americans are going to accept, and if this is not the direction you are trying to push this then why are we having these hearings?

I look forward to some sanity being restored in our government but as of the last few years, we have seen none in this state!

Linda Ryan

On Wed, Feb 16, 2022 at 3:59 PM Linda Ryan <claminator@gmail.com
<mailto:claminator@gmail.com> > wrote:

Please consider the following FACTS about what this shot is and is not about. Think about what the ramifications of requiring this being injected into our children as a condition of being able to attend school. Will YOU be requiring it of your children and grand children?

This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

The vaccine presents more risk to children than Covid-19

There are many documented cases of myocarditis in children, especially boys, related to the shots

The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

More kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Linda Ryan

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.

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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/)
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January 30, 2022

Gilbert G. Berdine, M.D

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– January 30, 2022

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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%7CImmunizations%40sboh.wa.gov%7C1993aebf6dd8467c4abf08d9f238ef31%7C>
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%2Fmortality%2Ffig1%2F>
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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%2Fdaily-covid-deaths%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?

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-mortality%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%7CImmunizations%40sboh.wa.gov%7C1993aebf6dd8467c4abf08d9f238ef31%7C>

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 <mailto: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 <mailto: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 markers. 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: Chuck and Barb Bennett
Sent: 2/17/2022 1:46:05 PM
To: DOH WSBOH
Cc:
Subject: STOP VACCINE MANDATES for our children!!!!

External Email

I am a grandparent, in which two of my grandchildren have been harmed, by this experimental drug. STOP and STOP NOW with unending mandates. The cost of caring for my grandchildren is mental as well as physical. The harm you are doing (is life altering) and far outweighs your effort or lack of best practices. Stand up for our kids! Barb Bennett

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: Kahler, Kelie (SBOH)
Sent: 2/19/2022 8:09:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Washington dep of health meeting about children's vaccine

From: Catrina Kindahl - Ross <catrineross@gmail.com>
Sent: Friday, February 18, 2022 8:23 PM
To: benjamin.wilfond@seattlechildrens.org; tlocke@co.jefferson.wa.us;
Bill.Kallappa@k12.wa.us; Helseth, Jennifer (DCYF) <jennifer.helseth@dcyf.wa.gov>;
Kcranfield <Kcranfield@tpchd.org>; shauna.muendel@doh.wa.gov;
crodriguez@pnwu.edu; Mueller, Martin (K12) <martin.mueller@k12.wa.us>; Abdelmalek,
Dimyana (DOHi) <dimyana.abdelmalek@co.thurston.wa.us>; FBell@wcaap.org;
londeck@nasn.org; glynych@oesd114.org; mybarra@mlchc.org; Jake@arcsno.org;
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 Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH)
<Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH)
<Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH)
<david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH
Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH)
<Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH)
<Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH)
<Nathan.Weed@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: Washington dep of health meeting about children's vaccine

External Email

I recommend you watch the live stream held on 2/20 in GiG Harbor where Dr Malone is holding a seminar informing the public about the MRNA technology he invented. He will discuss vaccines in children.

Copied from article:

The Centers for Disease Control and Prevention assures Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response “don’t last long in the body.”

On its website,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wnd.com%2F2022%2F02%2Fnightmare-dr-robert-malone-spotlights-study-mrna-spike-protein%2F%25E2%2580%259Chttps%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fdifferent-vaccines%2Fmrna.html%25E2%2580%259D&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C4f192f3>
the agency states: "Our cells break down mRNA and get rid of it within a few days after vaccination. Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."

However, a new peer-reviewed study by researchers at Stanford University

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext/S0092-8674\(22\)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C4f192f35d7e24ac](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext/S0092-8674(22)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C4f192f35d7e24ac)
finds that the spike protein created by the COVID vaccines remains in the body much longer than believed and at levels higher than those of severely ill COVID-19 patients.

The Stanford researchers tested the duration of the protein in the body for 60 days and found that it lasted at least that long.

Dr. Robert Malone, the key developer of the mRNA technology in the Pfizer-BioNTech and Moderna vaccines, said the findings were "buried" in the study, which was published by the journal Cell.

He described the results as a potential “health public policy nightmare” in an analysis on his Substack page

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwrmalonemd.substack.com%2Fp%2Fhealth-public-policy-nightmare&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C4f192f35d7e24ace36bb08d9f3c2235a%7C>

Unlike typical vaccines, which use a live virus that has been attenuated, or weakened, the messenger RNA vaccines carry genetic material that instruct cells how to produce the spike protein, which activates the body's immune response and produces antibodies.

Malone said that having worked with mRNA for decades, he found the persistence of the synthetic spike protein in lymph node germinal centers to be “highly unusual.”

The study quantitatively measured spike protein levels in plasma after vaccination. And it turned out that the levels are higher than the levels observed in a person with a severe COVID-19 infection.

Malone wrote that "the fact that this (is) only now being discovered, or if it was known, released to the public is criminal in my opinion."

"This should have been characterized long ago, including prior to beginning human clinical trials," he said.

The mRNA vaccines, he further explained, use a modified chemical called pseudouridine

to encode the spike protein and unique nanoparticles to deliver it. It's a system, he said, that was approved "without fully understanding the implications and without the FDA requiring a complete pre-clinical toxicology regulatory package, including long-term follow-up, as is done with any other unique chemical or adjuvant additive."

Prominent cardiologist Dr. Peter McCullough, an epidemiologist, said in a recent podcast it's known that the vaccines have a "dangerous mechanism of action," which is "the production of the spike protein."

"The spike protein is what make the respiratory infection lethal, and it follows that in some people excessive production of the spike protein in a vulnerable person would lethal after a vaccine," he said.

McCullough has found from his review of studies that the lipid nanoparticles — which deliver the spike protein in the mRNA system — "go right into the heart." He believes that's why studies indicate a higher-than-expected rate of myocarditis, particularly in boys, associated with the vaccines. And the studies show that the myocarditis produced by a COVID-19 infection tends to be mild and "inconsequential" while the myocarditis caused by the vaccine can be severe.

"When the kids get myocarditis after the vaccine, 90% have to be hospitalized," McCullough said in a podcast interview in December. "They have dramatic EKG changes, chest pain, early heart failure, they need echocardiograms."

Malone said it's possible that the chemical pseudouridine in the vaccines is causing a reaction that allows mRNA to migrate to the lymph nodes and throughout the body, as non-clinical Pfizer data from Japan suggests.

"I do not know how to write this more strongly," Malone said. "This technology is immature."

He noted the World Health Organization has approved six COVID-19 vaccines that are more traditional, all of which the U.S. government could license.

"These genetic vaccines are not the only option."

Data you are already aware of: VAERS: (I am sure you know how under reported this is since doctors do not report due to lack of time and other ? reasons:

2/4/2022

The info

23,615 deaths, 127,855 hospitalizations, 118,076 urgent care visits, 171,408 doctor office visits, 9,119 anaphlaxis, 13, 784 Bell's Palsy, 3,991 miscarriages, 12,069 heart attacks, 32,436 Myocarditis/ Pericarditis, 42,260 permanently disabled, 5,551 thrombocytopenia/ low platelet, 26,836 life threatening, 39,440 severe allergic reactions, and 12,346 shingles.

Also why did Dr. Umair A. Shah post on social media about his Super Bowl trip, to where 70,000 fans were unmasked and most reported no shot records were reviewed prior to the entry into the stadium? Was Dr. Umair A. Shah wearing his mask the entire Super

Bowl event? Great to see people making public health decisions like to attend super spreader events. Or is it that the pandemic is over?

Did you have an opportunity to listen to this "coffee table discussion" with Christopher Cole, executive officer for FDA of countermeasure initiative before you make a decision about children and vaccines? Sounds like he agrees FDA wants to push vaccines for children including infants without enough research.

Link is a valid YouTube video; don't worry.

<https://youtu.be/6nSXHrmOy8o>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6nSXHrmOy8o&data>

Now we have Omicron. These vaccines were designed for the original Wuhan strain, a different virus. Whether they made sense in protecting our elderly and frail from the original virus is irrelevant. Dr Fauci even says the reason we need to wear masks when people are vaccinated aged is because the vaccine was made with the original wild strain and not the variances we are now seeing. I will attach the video here:

Listen at 2 minutes 16 seconds

<https://www.cnn.com/2021/03/18/politics/fauci-paul-masks-theater/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F03%2Fpolitics%2Ffauci-paul-masks-theater%2Findex.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C4f192f35d7e24ace36bb08d9f3>

His own words clearly states the vaccine is not made for the variance we are currently experiencing and why the vaccine does not work and why bother vaccinated and unvaccinated are spreading and getting it now with the omicron variance.

These vaccines do not prevent Omicron infection, viral replication, or spread to others... even if every man and woman and child in the United States were vaccinated these products can not achieve herd immunity and stop COVID.

SO WHAT'S YOUR AGENDA BEHIND PUTTING POISON IN OUR CHILDRENS BODIES?
Truly? Honestly?

Are you being paid by someone? IF 1 child dies in the hands of your decision, can you live with that? If 1 child gets a life long disease from being forced to take the shot, can your conscience live with that? Cause we will share those stores with all of you. Every single story.

Signed

We the fringe minority of US.

From: Amanda Van Hook
Sent: 2/17/2022 5:38:19 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

As this virus is on its way out of our reality, the only reason you would put a vaccine mandate in place is for absolute control of our students.

What reasoning do you have to mandate a vaccine for a virus that is no longer a grave concern?

I find it absolutely negligent that this is even being discussed at the same time that we are removing a mask mandate in our state. That should be your clue that this virus is no longer at "pandemic" levels, So what reasoning do you have to even be discussing injecting children who are not even being medically affected on a large scale?

Sent from my iPhone

From: Testify Online Survey
Sent: 2/20/2022 5:15:41 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:

Vaccines to children in schools

3.

Your Name:

David Pennington

4.

Do you have a professional title?

1. Yes

5.

Are you representing an organization?

2. No

6.

Address:

417 Broadway Ave Orlando FL 32803

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

Adopted a 5 year old Child that was groomed and sexually trafficked by state workers

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

At the beginning of the covid crap the FDA and WHO said all people under the age of 20 years old had natural immunity and would only be mildly sick. No one has died at home of covid People whether they are Vaxed or not only die at the Hospital that means they were murdered because they were not given the right therapy because the hospital would receive a large sum of money, this was all done to steal an election and implement a dictatorship over the world by WEF and NWO and NOW YOU WANT TO KILL THE KIDS WITH AN EXPERIMENTAL MRNA SNAKE OIL VACCINE MANY PEOPLE ARE DYING BOTH IN AND OUT OF THE HOSPITAL FROM THE VACCINE

From: Pskowski, Samantha L (SBOH)
Sent: 2/23/2022 7:52:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: KATRINA HARRIS <katrina.harris1@hotmail.com>
Sent: Wednesday, February 23, 2022 6:28 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: amandamarr7
Sent: 2/24/2022 12:08:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is incomplete and incorrect.

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

With such an important decision at hand, one that will have an affect on our most precious and most important population, our youth, I implore TAG to evaluate ALL the data before adding the Covid 19 vaccine in the definition of the WAC 246-105-030.

Respectfully,
Amanda Marr

From: Doris Hess
Sent: 2/16/2022 10:27:20 PM
To: DOH WSBOH
Cc:
Subject: Proposed Policy regarding Vaccines

External Email

I am VERY MUCH opposed to forced Covid Vaccinations for school aged children. No vaccine should EVER be forced on anyone! This is a personal decision and even more importantly whether a child has a vaccine or not, should be up to the parents!

From: Robert Holte
Sent: 2/17/2022 4:27:51 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: Jennifer Kent

Sent: 2/15/2022 2:26:12 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), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mental Health of our kids

External Email

To Whom will read,

Please help stop the mask mandate in our schools. PLEASE

Please understand that masks do not help all students. Our students' mental health is truly being affected more with wearing masks.

Other states have shown us that schools can run and be in-person and not wear masks.

Please allow districts to make it a parent/student choice on wearing masks.

This is truly hurting the mental health of our kids, that needs to be acknowledged. It needs to be acknowledged that students in other states are doing fine not wearing masks to school.

Please help our students, help our future in this state. Stop wearing the mask now. Make it a parent's choice on if they want to vaccinate their child or not.

Please help our students. Suicide rates are up, mental health issues are up.

Please help our students

Thank you

Jennifer Kent

[https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-](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?utm_campaign=CHL%3A%20Daily%20Edition&utm_medium=email&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg&utm_content=202695972&utm_source=CHL%3A%20Daily%20Edition)

[Mortality.pdf?utm_campaign=CHL%3A%20Daily%20Edition&utm_medium=email&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg&utm_content=202695972&utm_source=CHL%3A%20Daily%20Edition](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?utm_campaign=CHL%3A%20Daily%20Edition&utm_medium=email&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg&utm_content=202695972&utm_source=CHL%3A%20Daily%20Edition)

[Mortality.pdf%3Futm_campaign%3DCHL%253A%2520Daily%2520Edition%26utm_medium%3Demail%26utm_source%3DCHL%253A%2520Daily%2520Edition&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg%26utm_content%3D202695972%26utm_source=CHL%3A%20Daily%20Edition](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.krieger.jhu.edu%2Fiae%2Ffiles%2F2022%2F01%2FA-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf%3Futm_campaign%3DCHL%253A%2520Daily%2520Edition%26utm_medium%3Demail%26utm_source%3DCHL%253A%2520Daily%2520Edition&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg%26utm_content%3D202695972%26utm_source=CHL%3A%20Daily%20Edition)

[Mortality.pdf%3Futm_campaign%3DCHL%253A%2520Daily%2520Edition%26utm_medium%3Demail%26utm_source%3DCHL%253A%2520Daily%2520Edition&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg%26utm_content%3D202695972%26utm_source=CHL%3A%20Daily%20Edition](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.krieger.jhu.edu%2Fiae%2Ffiles%2F2022%2F01%2FA-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf%3Futm_campaign%3DCHL%253A%2520Daily%2520Edition%26utm_medium%3Demail%26utm_source%3DCHL%253A%2520Daily%2520Edition&_hsmi=202695972&_hsq=9AyEV84NbuVlb6SM3yvEwxvayA_l8CN-gNyqGhJbxxkjpF2rSj3llruT95QeKTJ5cYEXmpV9TZz_sBogXgxDdsCKR9lg%26utm_content%3D202695972%26utm_source=CHL%3A%20Daily%20Edition)

From: taniiverson
Sent: 2/16/2022 7:10:26 PM
To: DOH WSOH
Cc:
Subject: No Mandatory Vaccines for Children

External Email

I am a teacher and parent of 4 children. My entire life has been focused on learning and doing what's best for kids. I have also spent my entire life protecting and advocating for kids. The fact that a mandatory Covid vaccine is being considered in order for children to attend school is egregious. This shot is still in the experimental stage, the risk of giving this shot to kids is higher than the risk of getting sick with Covid, more kids have died of influenza than Covid and that shot isn't mandatory (nor should it be) and there are many documented cases of myocarditis in children, especially boys, related to these shots. You have a moral and ethical obligation to protect children (as well as all people). I challenge you to look yourself in the mirror and ask yourself if you feel confident that you could 100% assure all parents that this shot is completely tried, tested and proven to be safe. We all know the answer is "no". You also have to answer to God. . .who created each beautiful, unique person (including you). Do you feel confident that you are doing what's best for His people? You have a job that comes with great responsibility. Our children should NOT be used as an experiment.

I strongly stand against mandatory vaccines for kids and any vaccine should be the parent's/guardian's choice, and no other's decision. . .especially a government agency.

Tani Iverson

From: Jessica Collins
Sent: 2/17/2022 5:01:20 AM
To: DOH WSBOH
Cc:
Subject: comments for todays meeting

External Email

Hi!

I think we are all going to have learn to agree to disagree these days.

To me, the real problem would be if this vaccine was added to the list without the ability to have personal, religious, medical or other exemptions available as an alternative.

There is so much division on many issues, let's just meet somewhere in the middle.

Thank you for your time,
Jess Collins

She/her/hers

-

Residing in Coast Salish Territory

-

founder of R1se, because we are all one

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fr1se.community%2F&data=049>

From: Gayle Baker
Sent: 2/15/2022 11:24:55 PM
To: DOH WSBOH
Cc:
Subject: Fwd: WA State BOH Children's vaccines



attachments\D6DC69BF5AE547AE_WA BOH COVID Immunizaton Criteria ages 5-11 01.12.22.pdf

External Email

Attention Technical Advisory Group:

Please find attached my comments to you regarding COVID "vaccination" of K-12. I sent this letter previously but to date I have not received confirmation that you have received or read it. Therefore I am sending it again, with the same request to confirm receipt.

None of you are above the law, although you are acting as if that is the case. To cause grave injury or even death to children is heinous and criminal, especially when it is done with fore knowledge and an understanding of what this "vaccine" actually is, what it actually does and it's many documented dangers to children. There will come a time when EVERYONE will know how dangerous these 'vaccines' are and when that time comes you should pray that you are on the right side of those findings.

The "vaccines" are not necessary. Period. There are therapeutics that contain and prevent COVID in all its manifestations--if only Fauci would allow their use (but there is no money in therapeutics because the patents have expired and Big Pharma, who controls the FDA, won't make their big bucks).

Children are not dying from COVID in any number that would be deemed to be "critical" and necessary to treat ALL children with an untested, unproven "vaccine." In fact, their death rate equates to zero unless you push out the decimal to three placements.

If you are unaware of the dangers from these "vaccines" then you have no business being on the TAG board. Recuse yourself and begin your education.

Do NOT approve these "vaccines" for children K-12.

Gayle Baker

January 7, 2022

Re: Washington State Board of Health
Comments to Public Meeting
Agenda Item # 11 – Rulemaking Petition Chapter 246-105 WAC Immunization Criteria

To Whom it May Concern:

I have read the "Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030" (CRAPI). Based on the criteria and assumptions of CRAPI, I strongly oppose the vaccination of children 5 - 11 years old in childcare and school for reasons as outlined below:

- The Board has developed rationale and criteria that it believes is the "best method for protecting children and the community at large while balancing the interests of parents and families in Washington State."
 - By its own direction the Board must oppose or delay implementation of the Covid-19 "vaccine" on children until further evidence can be presented that the "vaccine" does not harm the child now or in the future. To date, no data nor evidence has been presented by any scientist or scientific body that this vaccine is safe for children now or in the future or that the "vaccine" is the "**best method**" for protecting children and the community at large". Especially when safe and effective therapeutic alternatives to the "vaccine" are available: <https://www.lifesitenews.com/news/miraculous-ivermectin-approved-for-use-in-the-us-for-the-treatment-of-covid-19/>
 - In addition, one must question the NEED to "vaccinate" children for COVID: According to the CDC, "Between January 1, 2020 and October 16, 2021, 94 children ages 5-11 have died of COVID, which is 0.00012 percent of the 723,880 total U.S. COVID deaths through the week ending Oct. 16, 2021": <https://www.cnsnews.com/article/national/susan-jones/cdc-94-children-ages-5-11-have-died-covid-000012-all-covid-deaths>.

However! Of that count, the CDC listed 66 suicides in children ages 5 – 11, as COVID! Removing the false tagging of suicide as COVID death in children ages 5-11 eliminates COVID completely from the top ten causes of children deaths in the U.S., ages 5-11.

Leading Causes of Death in Children 5-11 Years of Age, NCHS, 2019

Causes of Death	Death (n)	Crude rate per 100,000
Accidents (unintentional injuries)	969	3.4
Malignant neoplasms	525	1.8
Congenital malformations, deformations and chromosomal abnormalities	274	1.0
Assault (homicide)	207	0.7
Diseases of the heart	115	0.4
Chronic lower respiratory diseases	107	0.4
Influenza and pneumonia	84	0.3
Intentional self-harm (suicide)	66	0.2
Cerebrovascular diseases	56	0.2
Septicemia	48	0.2

66 COVID-19 associated deaths in children 5-11 10/3/20-10/2/2021

Total population 5-17 years, 2019: 52,715,248

CDC NCHS WONDER Online Database. Accessed at <http://wonder.cdc.gov/covid-19/> on May 6, 2021

<https://www.cnsnews.com/article/national/susan-jones/cdc-94-children-ages-5-11-have-died-covid-000012-all-covid-deaths>.

If the intention is to save children from death by “Suicide/COVID,” then open the schools and allow children to live their lives without COVID restrictions and without masks! In my opinion, Washington State Department of Health is doing more harm than good and doing so using distorted data to suit a greed driven agenda by Big Pharma under the direction of Anthony Fauci (FDA) as their spokesperson.

- FRAMEWORK: There is no justification for requiring the COVID "vaccine" since the "vaccine" does not prevent transmission, does not prevent the disease, and does not affect children to the same degree as it can adults. Therefore, the four (4) bullet points under the FRAMEWORK section of CRAPI are null and void.
- ASSUMPTIONS: There are two Assumptions as drafted by the Immunization Advisory Committee (IAC). However, it is Assumption #1 that I feel needs to be clarified. Given the many mandates that exist as a result of COVID, does the COVID “vaccine” that we are addressing today qualify for parents and caregivers “to opt out of immunization requirements by children attending either child care or school”? Or will the BOH make an exemption and declare the “vaccine” mandatory for children ages 5 - 11? That Assumption as to the process of opting out needs to be made irrefutably clear to the parents and caregivers.
- PROCESS FOR REVIEWING ANTIGENS FOR POTENTIAL INCLUSION IN WAC 246-105-030 (PRAPI):
 - It’s unfortunate that the Board did not include "consumers (parents); community members with diverse perspectives on immunizations; and representatives from the fields of school health, school administration, child care, child advocacy, immunization administration, and others important to the discussion and review." Had a broader public been involved, TAG and the Board may have come to a different conclusion, deeming it more prudent to postpone implementing yet another vaccine to the already long list of them (14 required vaccinations, not including the COVID “vaccine”).
 - The Technical Advisory Group (TAG) was charged with and had the responsibility to make their decision based on "the best available scientific evidence". That should have included data and research from outside the Department of Health, outside the CDC, outside the FDA, and outside the NIH. The FDA receives 45% of its annual budget from Big Pharma in the form of user fees (AKA kickbacks), which in any other business environment would be deemed to be conflict of interest if not outright corruption. <https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance>. Hopefully DOH and TAG are conducting your own deep dive research and are not relying on what is handed to you by Government agencies, and departments within those agencies, with an agenda that is not, in my opinion, “health” driven.

There are studies performed by reputable scientists and doctors from around the world from which to gather your data on the efficacy and safety criteria of the COVID “vaccines”. As well, there are effective preventive therapeutics to consider as a healthier alternative to an unproven, experimental, life threatening, DNA altering, bio “vaccine”. To discount alternatives to the COVID “vaccines” is to do a great disservice to the children and their parents: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/>

<https://www.lifesitenews.com/news/miraculous-ivermectin-approved-for-use-in-the-us-for-the-treatment-of-covid-19/>

- NINE CRITERIA TO CONSIDER IN EVALUATING ANTIGENS (for purposes of brevity, I'll only remark on those items that are in direct contrast to the stated criteria.
 - Criteria on the effectiveness of the "vaccine"
 1. no comment
 2. *"The vaccine containing this antigen is effective as measured by immunogenicity..."*
False: The COVID "vaccine" does not provide "prevention" to the disease," therefore it should not be considered a vaccine.
 3. no comment
 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, see attached excel spreadsheet 'VAERS Report Children 5 - 11, which is an excerpt from the VAERS data report (<https://vaers.hhs.gov/data.html>) for 2021. The report is shocking and illuminating in that many "accidents" are reported as coming from the administration of the shot, thus making the jab almost as dangerous as the "vaccine".
 - Disease Burden Criteria
 5. *"The vaccine containing this antigen prevents disease(s)..."* **False:** The COVID "vaccine" Does NOT prevent anyone from getting COVID-19:
<https://www.citizensjournal.us/new-studies-covid-vaccines-do-not-prevent-infection-spread-they-simply-do-not-work-as-claimed/>.
 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."* **False:**
 - COVID "vaccines" DO NOT PREVENT TRANSMISSION:
https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from_spreading_covid.html#!
[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00690-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00690-3/fulltext). And why is a school or child care setting given the highest priority when children are the lowest at risk? What is behind that rationale?
 - According to Priya Soni, MD, Cedars-Sinai Pediatric Infectious Disease specialist: "Not only are fewer children testing positive for COVID-19," said Soni, "but those who do test positive are likely to have milder cases.
 - "U.S. studies confirm COVID-19 data from China and Italy that show children represent only around 2% of total infections in the population."
<https://www.cedars-sinai.org/newsroom/covid19-why-are-children-less-affected/>.

- CDC presentation <https://www.cnsnews.com/article/national/susan-jones/cdc-94-children-ages-5-11-have-died-covid-000012-all-covid-deaths>. As part of the daylong presentation, Fiona Havers, a member of the CDC's COVID-19 Response Team, gave an overview of COVID-19 in children ages 5–11, noting that children are at least as likely as adults to be infected with SARS-CoV-2, but they are far less likely to die: According to Havers:

- ✓ 94 Children Ages 5-11 Have Died of COVID; 0.00012% of All COVID Deaths. **Note: 66 suicides falsely listed as COVID death, see chart below.**
- ✓ There have been around 1.9 million COVID cases reported in the 5-11 age group.
- ✓ Between January 1, 2020, and October 16, 2021, only 94 children ages 5-11 have died of COVID, which is 0.00012 percent of the 723,880 total U.S. COVID deaths through the week ending Oct. 16, 2021; and it is 17.34 percent of the 542 children ages 0-17 who have died of COVID since the pandemic began.
- ✓ 8,300 children ages 5-11 have been hospitalized with COVID to date.
- ✓ Underlying risk factors in hospitalized children ages 5-11 include obesity, chronic metabolic disease, feeding tube dependence, cardiovascular disease, neurologic disorders, chronic lung disease, blood disorders, immunosuppressed conditions, and "other" conditions.
- ✓ During the 12-month period October 2, 2020, through October 3, 2021, there were 66 COVID-19 associated deaths (please note that the CDC "COVID deaths" were suicides) in children 5-11, making COVID the eighth leading cause of death for this age group (eliminating suicide as COVID pushes COVID deaths from the chart entirely), behind accidents (969 deaths); malignant neoplasms (525); Congenital malformations, deformations and chromosomal abnormalities (274);

Leading Causes of Death in Children 5-11 Years of Age, NCHS, 2019

Causes of Death	Death (n)	Crude rate per 100,000
Accidents (unintentional injuries)	969	3.4
Malignant neoplasms	525	1.8
Congenital malformations, deformations and chromosomal abnormalities	274	1.0
Assault (homicide)	207	0.7
Diseases of the heart	115	0.4
Chronic lower respiratory diseases	107	0.4
Influenza and pneumonia	84	0.3
Intentional self-harm (suicide)	66	0.2
Cerebrovascular diseases	56	0.2
Septicemia	48	0.2

66 COVID-19 associated deaths in children 5–11 10/3/20-10/2/2021

Total population 5-17 years, 2019: 52,715,248
CDC NCHS WONDER Online Database. Accessed at <http://wonder.cdc.gov/ucd-kid10.html> on May 6, 2021

2021, there were 66 COVID-19 associated deaths (please note that the CDC "COVID deaths" were suicides) in children 5-11, making COVID the eighth leading cause of death for this age group (eliminating suicide as COVID pushes COVID deaths from the chart entirely), 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).

- Implementation of the Criteria

7. "The vaccine containing this antigen is acceptable to the medical community and the public." **False:**

- It has been estimated that as many as 40% of the population does not believe in the “vaccine” but comply, 30% think the vaccine is the greatest thing ever and that it will save lives, not take them, and 30% hate the very idea of the “vaccine” and the mandates that have come with it. It will take time and reliable data before the majority of the public sees these “vaccines” as lifesaving.
8. No comment
9. *“The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.*
- What is “reasonable”? Should a parent or caregiver be forced—either through intimidation, harassment, peer pressure or by law (illegal or otherwise), to have their child immunized by a vaccine that has not met the criteria set by WAC 246-105-030?
 - What are the options for parents/caregivers other than lawsuits or homeschooling vs. subjecting their children to perhaps a lifetime of ill health?
 - Will the State DOH honor Assumption #1 in which a parent/caregiver can “opt out” of immunization requirements? Does that assumption include the COVID “vaccine”?
 - Who bears the burden when a parent or caregiver must care for a child ill or injured by the COVID “vaccine”? Who bears the burden when a parent or caregiver watches as their child dies as a result of the “vaccine?”

Conclusion:

If, as reported, children have **less than 2% of total COVID infections** and those infections are mild, and if as reported COVID deaths are relatively rare in children ages 5-11, than it makes ZERO sense to add a vaccine that does not follow the Assumptions and Criteria set forth in WAC 246-105-030 as follows:

- Criteria No:
 2. The “vaccine” is **not affective** as measured by immunogenicity (multiple boosters required)
 4. The “vaccine” **has not proven to be safe**, is responsible for at least two deaths, and has an unacceptable level of side effects
 5. The “vaccine” **does not prevent the disease** in children,
 6. The “vaccine” **does not reduce the risk of person-to-person transmission** in children,
 7. The “vaccine” is **not acceptable to some in the medical community nor to some of the public**
 9. The **burden of compliance for the “vaccine” is unreasonable** for parent/caregiver.

Thank you for your attention to my concerns and opinions,

Gayle Baker
 gaylebaker7458@gmail.com

From: Joshua Julian
Sent: 2/25/2022 1:20:51 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: Mark Marinaro
Sent: 2/17/2022 7:40:41 AM
To: DOH WSBOH
Cc:
Subject: Forced vaccinations of school children.

External Email

We are strongly opposed to forced vaccinations. We are an education family, my father was a retired Teacher, my wife a retired teacher, and my daughter is a teacher. All Washington State teachers. We have 4 grandchildren currently in Washington public schools. Our entire adult generational family are all against this mandate and the mask mandate. This mandate mentality these past 2 years is a complete tragedy forced on all of us. We are no longer a free people in a free country! We have had it, we are currently posturing toward removing all of our family children from public schools completely! "NO MORE MANDATES".

Mark an Sonjia Marinaro.

Richland, Washington

509-371-9577

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: tyressa_stevenson@yahoo.com
Sent: 2/24/2022 11:53:42 AM
To: DOH WSBOH
Cc:
Subject: Vote No - Covid19 school requirement

External Email

I do not agree with adding this vaccine to the school required vaccine list. Parents have a right to choose if they want this vaccinated.

If a parent says they will wait and see then allow then to wait and see.

From: April Wood
Sent: 2/26/2022 8:51:08 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: Testify Online Survey
Sent: 2/17/2022 6:45:54 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17/21

2.

Agenda Item or Issue:

Criteria #1 #2 and #4 adding Covid-19 MRNA gene therapy to childhood and adolescent immunization schedule, is it save and effective and acceptable levels of side effects

3.

Your Name:

Elizabeth Molitor

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Moliy234000@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

Criteria #1 recommending the vaccine for childhood and adolescent immunization schedule. Criteria #2 is effective as measured by immunogenicity and population-based prevention data in Washington State Criteria #4 is it safe and has an acceptable level of side effects.

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts.

From: Laurie Englund

Sent: 2/16/2022 3:45:03 PM

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),laurytelt@gmail.com

Subject: Make Masks Optional in Schools

External Email

DON'T FOLLOW THE WRONG SCIENCE!

It's hard to believe how people that push fake science agenda on our future generation can even rest at night.

I sincerely hope that every single one of you can look deep in your soul and choose what is right for kids and other human beings. Stop pretending that you are following the science.

Remove masks and don't push vaccines!

You already lost lots of funding due to families leaving the districts! We are still here trusting that you will make the right decision immediately!

There are so many studies from long ago that proves that it's not even that masks don't work(lots of studies and articles included in this email for your reference) but they hurt our kids. Kids wearing the masks are deprived of oxygen!!!! That affects their physical, mental and social being.

Sincerely,

Laura Liutkiene - BSD parent

<https://pubmed.ncbi.nlm.nih.gov/19216002/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F19216002/>>

<https://escipub.com/irjph-2021-08-1005/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fescipub.com%2Firjph-2021-08-1005%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2865b4a7363b4a502c9c08d9f1a63462%7C11d>

<https://www.skirsch.com/covid/BangladeshMaskReview>.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2Fcovid%2FBa>

If N95 mask is not fitted properly -it does not work.

Watch this video
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt72ko-moving-on-from-masks-to-n95s-not-so-fast.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2865b4a7363b4a502c9c08d9f1a63462%7C11d>
which points out that even properly fitted N95 masks will be <50% filtration of particles 1um in size (10X bigger than COVID) and for cloth masks 9.8% and surgical masks 12.4%. This is the most optimistic case. This is useless to protect against COVID.

This is a post that was made in September of 2021.

- * Cloth masks don't work
- * Asymptomatic testing isn't effective
- * Closing schools doesn't prevent deaths
- * The vaccine doesn't stop the spread Please stop pretending these are new!

2 years into the pandemic and it is still clear that masking children is an ineffective policy not supported by research or data. We've provided 2 sources for each claim below. h/t to the amazing @Robber_Baron_
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2YidVroutAHfCdNyTCxM6MafJOQz-2XEDHnBauVb1iPk9LQTyN3zSIE9lxzpu3hnwMdUIKGHv21K0UFqAtxQxiFovs22ExUiiBI4zS3brmdB6DRY0vTFChALZabUaihWaT_zUd-PgTfV2jyOWcy9qfuY0lv5kwX4Uble61M_-8FaSp1P4Ona8Jg5g3dTUt3aP_804oBUwnTTYqCfF0HPFhbzpShxiGAuu4qwIu1imgrbx5V1Ck2P4A9_phEY&d
for this guide!

1. "Our data indicate that children are at far greater risk of critical illness from influenza than from COVID-19."

Source (JAMA Network)

2. "Children and young people remain at low risk from COVID-19 mortality."

Source (OSF PrePrint)

3. "...children are not the main drivers of SARS-CoV-2 transmission."

Source (CMAJ Group)

4. Children rarely transmit infection to others and more frequently have an asymptomatic or mild course compared to adults.

Source (Journal of Medical Virology)

5. Asymptomatic spread in long-exposure, household settings was less than 1%.

Source (JAMANetwork)

6. "...could not provide evidence for a relevant asymptomatic spread... in childcare facilities... in a low nor a high prevalence setting."

Source (MedRxIV)

7. "For adults living with children there is no evidence of an increased risk of severe COVID outcomes"

Source (MedRxIV)

8. Increased household exposure to kids was associated w/ a smaller risk of testing positive or hospitalization w/ Covid

Source (MedRxIV)

9. "...we did not note any association between mask use and risk..."

Source (The Lancet)

10. "Evidence regarding the effectiveness of non-medical face masks for the prevention of COVID-19 is scarce."

Source (ECDC)

11. "...people must not touch their masks, must change their single-use masks frequently or wash them regularly..."

Source (BMJ

)

12. The effectiveness of high-grade masks for flue was linked to correct usage.

Source (NIH)

13. Children have a lower tolerance to wearing masks and may fail to use them properly.

Source (ECDC)

14. "...household use of face masks is associated with low adherence and is ineffective for controlling seasonal respiratory disease."

Source (EID)

15. "...it's difficult for some autistic people to wear masks because of sensitivity issues,"

Source (OAR)

16. Deaf and Disabled children can feel isolated from other children and adults who are wearing masks.

Source (The Guardian)

17. "Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields."

Source (MDPI)

18. "Psychosocial, biological, and immunological risks for children and pupils..."

Source (BMJ)

19. School masks: face coverings could damage children's speech development, warn scientists.

Source (The Telegraph)

20. "...wearing masks throughout the day can hinder language and socio-emotional development, particularly for younger children."

Source (AAP)

21. A database tracking mask mandates has seen no clear benefit to masking children

Source (Qualtrics Dashboard)

22. "...the data shows that districts' face covering policies do not impact the spread of the virus,"

Source (FL Education Board)

23. Delta does not seem to change the game No difference in risk of hospitalisation between Delta variant and Alpha

Source (MedRxIV)

24. The viral dynamics of the Delta variant are similar to those of Alpha.

Source (MedRxIV)

25. Studies in favor of school masking have been extremely flawed North Carolina study without a control group

Source (WSJ)

26. CDC (MMWR) studies have numerous flaws.

Source

(Thread)

From: Jeremy Munn <jeremy_munn@hotmail.com>
Sent: Tuesday, February 15, 2022 11:48:35 PM
To: Dow.constantine@kingcounty.gov <Dow.constantine@kingcounty.gov>; coronavirus@kingcounty.gov <coronavirus@kingcounty.gov>; joholmen@lwsd.org <joholmen@lwsd.org>; jeff.duchin@kingcounty.gov <jeff.duchin@kingcounty.gov>; 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>; maraldom@issaquah.wednet.edu <maraldom@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu <schoolboard@issaquah.wednet.edu>; weavers@issaquah.wednet.edu <weavers@issaquah.wednet.edu>; mullings2@issaquah.wednet.edu <mullings2@issaquah.wednet.edu>; moorea@issaquah.wednet.edu <moorea@issaquah.wednet.edu>; gallingerh@issaquah.wednet.edu <gallingerh@issaquah.wednet.edu>; thieler@issaquah.wednet.edu <thieler@issaquah.wednet.edu>; elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>; sbliesner@lwsd.org <sbliesner@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>
Cc: Tanya Goodman <goodman_tanya@outlook.com>; Laurie Englund <laurieenglund@earthlink.net>; Yael Kantor <dryael101@gmail.com>; yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com <gulick.alissa@gmail.com>; Alisaroseyuen@gmail.com <Alisaroseyuen@gmail.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

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ahasheva@gmail.com <ahasheva@gmail.com>; anib@keystonerei.net
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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
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Karilynd@me.com <Karilynd@me.com>; Bowic999@Gmail.com
<Bowic999@Gmail.com>; laurie.friedl@gmail.com <laurie.friedl@gmail.com>;
Monica.legatt@gmail.com <Monica.legatt@gmail.com>; damon_tompkins@yahoo.com
<damon_tompkins@yahoo.com>
Subject: Make Masks Optional in Schools

Hello,

With the science proving that masks are ineffective and children are not at high-risk of serious COVID conditions it is time for you to follow the rest of the country and drop the mask requirement in schools immediately. Masking children at school is not saving lives and instead is harming their educational, social, and emotional development.

Make masks optional, as there are plenty of solutions for any concerned parents to voluntarily mask, vaccinate, or choose remote schooling for their children. Please don't continue forcing an outdated mandate on the rest of our children that no longer wish to wear masks and simply want to see the faces of their friends and teachers.

Thank you,

Jeremy Munn

3rd Grade Parent - Bellevue, WA

From: Pat Ketcham
Sent: 2/24/2022 12:40:28 PM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C9180c397ba1f4fe5cd3808d9f7d5e320&isredir=1>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C9180c397ba1f4fe5cd3808d9f7d5e320&isredir=1>

Reason 3: The Vaccine does not reduce transmission:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7C9180c397ba1f4fe5cd3808d9f7d5e320&isredir=1>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: Kathie
Sent: 2/16/2022 5:53:25 PM
To: DOH WSBOH
Cc:
Subject: DO NOT REQUIRE A COVID MNRA FOR CHILDREN TO ATTEND SCHOOL THIS COMING FALL.....

External Email

Dear Washington Board of Health Members,

PLEASE DO NOT PASS THIS BILL FOR CHILDREN TO HAVE AN MRNA VACCINATION. STUDY THE SCIENCE, NOT SCIENTISM. Hear are some key points I want to stress...

1. This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.
2. This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.
3. The vaccine presents more risk to children than Covid-19
4. There are many documented cases of myocarditis in children, especially boys, related to the shots
5. The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.
6. Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.
7. More kids have died from influenza in 1 year than from Covid; we don't require influenza shots

MAY OUR GOVERNOR AND LEGISLATORS FOLLOW THE SAME PATH THAT THE NEW GOVERNOR OF VIRGINIA IS TAKING!

From: Bonnie Carey
Sent: 2/15/2022 5:15:17 PM
To: DOH WSBOH
Cc:
Subject: NO on mandated jabs/mRNA treatments/ vaccines/for our children esp when there is a 99+% recovery with natural immunity

External Email

RE: Upcomming meetings
2-17-22
2-24-22
and any other mtgs on vaccine mandates

Please dont make parents take you all to court.
These experimental treatments are exactly that ...experimental.
Do you really want to be liable for someones child getting injured due to your ignorance or lack of education.
Good luck to you all

and please vote NO.
Be Well, bonnie carey,RN,BS, MBA,Dipl.AC,LAC.,OMD

From: Kristan Ashbridge
Sent: 2/17/2022 9:52:44 AM
To: DOH WSBOH
Cc:
Subject: No Vaccine For Children - OPPOSE

External Email

OPPOSE the vaccine requirement for children

From: Jere-n-Lynn Wright
Sent: 2/18/2022 10:29:34 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We oppose vaccine mandates for children for any reason. They are not needed, the risk of problems from the vaccine are far greater than the risks from Covid 19.
Jere and Lynn Wright

From: Tonya Swann
Sent: 2/25/2022 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: DOH COVID Vaccine
Sent: 2/23/2022 5:46:49 PM
To: DOH WSBOH
Cc:
Subject: FW: Oppose 246-100 & 246-105

Public Comment

From: Robert Lane <roberthawkilane@gmail.com <mailto:roberthawkilane@gmail.com>
>
Sent: Thursday, January 6, 2022 8:10 PM
To: DOH PCH Immunization Child Profile <OICP@doh.wa.gov
<mailto:OICP@doh.wa.gov> >
Subject: Oppose 246-100 & 246-105

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Robert W Lane
4205 127th St Ct NW <x-apple-data-detectors://1/1>
Gig Harbor, Wa 98332 <x-apple-data-detectors://1/1>

Sent from my iPhone

From: Kari Kuhn
Sent: 2/16/2022 8:47:32 PM
To: DOH WSBOH
Cc:
Subject: Required covid vaccines

External Email

Hello,

I'm writing to oppose the proposed required Covid vaccinations for school aged children. This is shocking that there would be a requirement of this vaccine when there is less of a risk for a child to die from Covid than there is for the flu. The vaccine hasn't had ample testing groups to determine long term risk from it and is still being used under EUA.

Please do not force people to make the decision to vaccinate their kids if they do not feel it's safe or a good decision for their children.

Kari Kuhn
Maple Valley

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 8:17:22 PM
To: DOH WSOH
Cc:
Subject: FW: NO to mandatory CoViD vaccine for public schools!

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

From: Val R <valerieraschko@gmail.com>
Sent: Wednesday, February 16, 2022 7:06 PM
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: Testify Online Survey
Sent: 2/23/2022 9:16:08 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:

Covid Vaccine

3.

Your Name:

Lyn Nielsen

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

TAG Voting: Should the group recommend to the State Board of Health that the COVID-19 vaccine be added to the state's immunization requirements for school entry (WAC 246-105- 030)?" No speaking testimony, or written testimony down below.

11.

Are you Pro or Con on the proposal?

2. Con

I am a strong CON on the proposal to add the Covid vaccine to the list of required vaccines for public school. It has been proven that C19 is not a huge risk to children and the vaccine is still experimental. The CDC/FDA is not even releasing their information about vaccine effectiveness and adverse effects for ages 5-17. This vaccine needs to stay optional. There have been kids dying from getting this vaccine. I watch the Zoom meetings and see how you cherry pick information and browbeat anyone who have a question or concern about potential adverse effects from this vaccine in the young. The public schools will see a vast drop in enrollment if this is enacted, and we won't be coming back. Do the right thing for our children and make this optional like the flu.

From: theresalane@comcast.net
Sent: 2/16/2022 9:08:27 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG Covid Mandates K-12 ISRAELI STUDY: Fully Vaxxed Are 27 Times More Likely To Get COVID Compared To People With Natural Immunity

External Email

Dear TAG,

Please do much better to see past your personal biases that these shots are safe and effective and that people will die without them.

Early treatment is much safer, less expensive and effective than the Covid shots it has been suppressed because Covid is about Money, Power and Control. Who is benefitting most from these Covid shots? Big Pharma by \$Billions, on the tax payers investment.

Your votes from last meeting show you have bought into the Government, CDC, WHO, Big Pharma Propaganda that you cannot see past it or the other True Reality. So many Lies and twisting of data. Please get on the Right side of history.

Do you know what is happening in Canada? Democracy has ended. That will soon be happening here if you all keep going with this narrative. Wake Up! This is not about Covid or Health.

Below is the link related to the subject line -

<https://nationalfile.com/israeli-study-fully-vaxxed-are-27-times-more-likely-to-get-covid-compared-to-people-with-natural-immunity/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfile.com%2Fisraeli-study-fully-vaxxed-are-27-times-more-likely-to-get-covid-compared-to-people-with-natural-immunity%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2b41f63ceb47400c946208d9f1d359f5%7C>>

Sincerely,

Theresa Lane

Very Concerned WA Parent

From: Jaclyn Swanson
Sent: 2/17/2022 10:33:42 AM
To: Weed, Nathan (DOH), Peterson, Kristin I (DOH), Perez, Elizabeth (DOH), DOH Secretary's Office, Bayne, David M (DOH), Todorovich, Jessica L (DOH), Kwan-Gett, Tao (DOH), DOH Secretary's Office
Cc:
Subject: Mandating covid vaccine for children to go to school

External Email
Hello there!

I'm watching your meeting today. As far as I'm concerned, if there are any risks whatsoever to your heart, especially in my child's heart, that's too big of a risk. Especially when you already have heart issues in your family. It's funny how you lump teenagers in with adults sometimes, but then with the children others. Teens are still children. I will not risk my child's health so you can get rich off of your experimental "vaccines".

Also it's funny how you're basically trying to make the VAERS report unreliable because anybody can report on it. Just another way for you to try to hide the bad things that are happening to our people from your experimental "vaccines".

Getting sick is a normal part of life, that's why we have immune systems to fight off bacteria and viruses. The fact that you're trying to force everyone to get your experimental "vaccine" so they don't have to be a little inconvenienced by getting sick for a week or two is just ridiculous. And funny how you say that the "vaccine" doesn't mutate genes whatsoever.

My mother in law has cancer and an extremely rare gene mutations going on in her body right now. The doctors are stumped. And yeah, she was brainwashed enough to get all your experimental "vaccines" and boosters. And she's so brainwashed that she doesn't think that your experimental "vaccine" is what's causing her issues right now. But I know better.

There are no side effects that are acceptable to your experimental "vaccine". I'd rather my children and everyone I know and love get covid before they take your experimental "vaccine".

I'll say it again, if you make this a requirement for children to go to school, you will be losing many many children including mine. I will not subject my children to your tyranny and bullying.

Thank you very much,

Jaclyn Swanson

----- Forwarded message -----

From: Jaclyn Swanson <jackieswansong@gmail.com>
Date: Fri, Nov 5, 2021, 11:55 AM
Subject: Mandating covid vaccine for children to go to school
To: <wsboh@sboh.wa.gov>

To whom it concerns:

I am writing to you today as a concerned citizen and parent of 3 children in Washington State Schools. We will not vaccinate our children. What is new and concerning is the direction that it would appear many states are going with - mandating vaccines for school age children to attend public school. Many of the VBRPAC doctors were concerned that their approval would result in mandates of this vaccine. Many approved just because they didn't want to deny high risk children access to this vaccine. I implore you to listen to these doctors.

I keep on hearing people speaking about how vaccines have always been required to go to school, that's true, but this vaccine can't be equated to that. We don't know the impact of these vaccines on our children - we don't know what these could cause in 10-15 years. As Cody Meisner, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccine is safe. We have tested that vaccine for decades. And we know, we have a very good sense, of what the adverse events are. We do not have that with this particular messenger RNA vaccine." There has always been an option to opt out of vaccines with little to no issue from the school districts. As school districts will follow your recommendation, I implore you to NOT make the Covid 19 vaccine required to attend public school in Washington State. By mandating this in the Washington State schools you would be leaving children out, many children who have shouldered so much burden already.

Hearing the terms "safe and effective" with regards to the COVID vaccine isn't accurate. We know that it was "safe" for around 2000 children country-wide, we know that it "may" also be effective for 2 months. We don't know beyond that. The Pfizer Study was very limited in scope and time.

I shouldn't have to uproot my children from all they've known because they'll be excluded from Washington State Schools. As a parent, I should have the choice about the medical procedures my children receive. My daughters, who are normally very shy and dislike going to school, chose to go in person. I gave them the option of online. They'd been cooped up too long. This simply isn't right. It's cruel and borderline mental abuse. How much stress have they been under the last 18 months, only to have this stress and burden added.

The impact this will have on many families is awful. Many will be forced to homeschool their children which will result in job loss due to the hours needed to facilitate these needs. The impact on our most vulnerable children would be great and many would never recover.

Not to mention, these mandates are unconstitutional, against the Civil Rights Act and the Nuremberg Code.

Thank you in advance for hopefully making decisions that take into account the entire population of Washington State and not just the ones that are most vocal. And I hope you realize how unconstitutional this is.

Regards,

Jaclyn Swanson

From: Michelle Van Diest
Sent: 2/22/2022 7:18:52 AM
To: DOH WSBOH
Cc:
Subject: No COVID shot.

External Email

this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. -this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

the vaccine presents more risk to children than Covid-19 -there are many documented cases of myocarditis in children, especially boys, related to the shots -the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Sent from my iPhone

From: Valerie Hunt
Sent: 2/24/2022 2:26:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I would like the board of health to recommend but not require the vaccine.
As with HPV and Meningococcal vaccine you could require that schools give information about the recommendation.
I think requiring the vaccine would be extremely difficult for schools and would hurt the vaccine program in schools.
The fact is we still do not know if boosters would be necessary or recommended and how often.
This would be an extreme stress on the schools especially the nurses.

From: B P
Sent: 2/17/2022 7:13:43 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines for children

External Email

The vaccines are causing unprecedented side effects and deaths. They are not fully tested and the mRNA technology is in its infancy.

To foist this on adults, let alone children, is patently CRIMINAL in my views. People are DYING from these vaccines and the side effects are not fully understood. Only a sick mind would push this to children.

I say an EMPHATIC NO to vaccinating children.

Bobbie Piety, Sequim, WA

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 3:09:20 PM
To: DOH WSOH
Cc:
Subject: FW: Public Comment for State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022

From: Kurt Hatlestad <kmhatlestad@gmail.com>
Sent: Wednesday, February 16, 2022 3:06 PM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@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: 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

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F98963fd7-619d-428f-a513-3cdeb6e1eb20>
for Windows

From: Hoff, Christy Curwick (DOH)
Sent: 2/22/2022 7:25:52 AM
To: DOH WSBOH,DOH Information
Cc:
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: Ladd and Katie
Sent: 2/17/2022 1:33:57 PM
To: DOH WSBOH
Cc:
Subject: TAG Meeting

External Email

To whom it concerns,

A few comments regarding recommending or requiring school kids to be vaccinated in Washington State:

- 1) This vaccine is different in the sense that we've seen that it doesn't prevent the spread of the virus. So that should not be a reason to require the vaccine.
- 2) The mRNA vaccine for covid-19 has only been around for a little over 1 year. Dr. Fauci is on camera a few years ago stating that to properly get a new vaccine to market is at best 10 years, in order to do the necessary studies to make sure the vaccine is safe over longer periods of time.
- 3) The CDC has completed a study showing that people with prior Covid infection have much more effective immunity than those who are vaccinated. Many of the students in K-12 have already had Covid-19.

Covid 19 vaccine requirements for K-12 students should not be mandatory, but rather they vaccination for school enrollments should be a choice for those who chose to get the vaccine.

There will be a large exodus of students from the k-12 system if vaccinations are required for enrollment, because of the above reasons, and other reasons, to make vaccines mandatory, is overreach of the State.

Thank you,

-Ladd

From: Haag, Hannah R (SBOH)
Sent: 2/17/2022 7:51:43 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination mandates

From: Jennifer Mercille <mercillelyons@yahoo.com>
Sent: Wednesday, February 16, 2022 5:39 PM
To: 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>; nathaniel.thai@sbohwa.gov
Subject: Covid 19 vaccination mandates

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 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. However there are plenty of short term studies that are already demonstrating harm to children from these vaccines.
- 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. Few are even falling ill at all.. my children have tested positive several times, and only became sick the first time. They are not at risk from the virus itself.
- The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID. My children have tested positive after being exposed to vaccinated individuals who were sick, more than once, and my children did not become ill. This demonstrates the inadequacy of the vaccine to prevent the spread of this virus.
- This is not a vaccine like the Measles, Mumps, Polio, whooping cough, Chicken Pox, etc, and it shouldn't be required just like the flu shot is not required. It demonstrably does not prevent the spread, and only minimizes the effects, at best.. that boils it down to a personal risk assessment, not a matter of public health.
- This should be a parent decision on whether a child should take the vaccine. It does not impact public health, therefore it is only the business of personal choice and personal risk analysis.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/15/2022 2:21:13 PM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\48E0E21AFF9F4947_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, 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%7C20c6a388f781412f331708d9f0d172b5%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%2Fcovid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C20c6a388f781412f331708d9f0d172b5%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%7C20c6a388f781412f331708d9f0d172b5%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%7C20c6a388f781412f331708d9f0d172b5%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%7C20c6a388f781412f331708d9f0d172b5%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%7C20c6a388f781412f331708d9f0d172b5%7C11d0e)

[kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C20c6a388f781412f331708d9f0d172b5%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%7C20c6a388f781412f331708d9f0d172b5%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](#)

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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: Judy Holmes
Sent: 2/16/2022 10:13:24 AM
To: DOH WSBOH
Cc:
Subject: SUSPENDING MASK MANDATES IN WASHINGTON STATE FOR SCHOOL AGE CHILDREN

External Email

Dear Board Members,

I am writing you today to ask that you seriously consider ending the mask mandate (or at the very least making it optional) for school age children. I am aware of what the CDC has been recommending, but so far in this pandemic the CDC has been wrong more than it has been right.

The Doctors I have been following Dr. Martin MaKary (John Hopkins University); Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "mask don't work and are inappropriate and extremely harmful to children."

The "science" isn't on the side of mask mandates for school age children and children are being hurt by it.

Thank you for your time and attention to this seriously important issue.

Best Regards,
Judy Holmes
Anacortes, WA

From: Tami Marshall
Sent: 2/16/2022 5:04:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Greetings,

My child is a student in the Evergreen school district, if covid vaccinations are enforced, my child will be Pulled from school, the same goes for masks, if masks are And forced at as of March 31st; the mask mandate deadline for other States, again my child will be pulled from school.

Regards,

parent of a 7th grade child
Evergreen school district

From: Jennie Sweet
Sent: 2/16/2022 8:01:16 PM
To: DOH WSBOH
Cc:
Subject: Vacs for children

External Email

I am writing concerning the requirement for the for children to get this Covid vaccine in order for them to attend school . This is outrageous. This is only an emergency powered vaccine . All vaccines are tested for a minimum of ten years .
My grandchildren are not an experiment for your political party's power grab . You will be held accountable in this life or the next . Wake up . Even the medical students learn the oath of first do no harm. There is no evidence of children dying from Covid. Just the evidence of lots of side effects .
Regards
Jennie sweet

From: Linda Ader
Sent: 2/22/2022 1:28:39 PM
To: secretary@sboh.wa.gov
Subject: COVID-19 mandatory injections for students in public schools and daycares

External Email

Dear BOH members and TAG participants,

I have watched several of the TAG zoom meetings and also some of the BOH meetings relating to the idea of mandating COVID-19 injections for public school students and children in daycare. I've seen no information presented from dissenting voices. It appears evident to me that you've already decided to mandate them and this TAG exercise is just a formality to cover your bases. The children are not at risk from COVID, however, they are at a significant risk from this injection. There is ample evidence of the harm caused to young adults and children, and other folks as well. There was no mention of the massive under-reporting of deaths and adverse events in the VAERS database, nor mention of the deaths and adverse events reported in far superior tracking systems in the rest of the world. I'm so deeply disappointed in the lack of data being used to make this highly significant decision for the children of Washington. I know countless people have already alerted you to the massive numbers of studies of harm from these injectables, and yet you press on.

People all across Washington know that there is no upside for children from these injections: the material in the injections is experimental, the available injections aren't for the current omicron variant, natural immunity is far superior to these injections, most children have already had COVID and hence don't need a vaccine even if there were effective vaccines, the injections don't prevent the spread of omicron, the injections don't lessen COVID systems or reduce the length of time that symptoms persist, there are no long term studies of adverse health events from these injections, there are no studies of reproductive harm from them, and there are no studies of whether the injections may cause birth defects.

The TAG should be disassembled and all thought of mandating COVID-19 injections abandoned. There is absolutely no reason to require them and extremely important reasons for not mandating them. To the contrary, there are many reasons to discourage anyone from injecting their children with them.

Please do not mandate this experimental gene therapy for students and daycares. Please also eliminate all employment mandates related to COVID 19 injectables.

Please carefully review the data and information provided at the following links:

Dr. Robert Malone's Website

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

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

The Unity Project

<https://unityprojectonline.com/>

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

Global Covid Summit

<https://globalcovidsummit.org/>

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

FLCCC.net

<https://www.flccc.net/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.flccc.net%2F&data=04%7C0>

Declarations:

The Rome Declaration – Over 17,000 Physicians worldwide have signed.

<https://doctorsandscientistsdeclaration.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>

The Great Barrington Declaration

<https://gbdeclaration.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgbdeclaration.org%2F&data=04%>

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: Pamela Hamon
Sent: 2/22/2022 8:48:52 AM
To: DOH WSBOH
Cc:
Subject: Subject: Communicating With Board Members



attachments\C954E41440C042BA_image001.jpg

External Email

I'm not in support of making the "vaccination" for Covid 19 a requirement for school a requirement for attendance of public school or a teacher requirement. As a parent and a teacher in a Washington state public school, I care deeply about the negative impact this experimental "vaccination" could have on young people. There is no rush to make this mandatory, since the effects of Covid 19 are not severe to young people. Additionally, the case numbers are declining. Please don't encourage any hasty decisions to our legislature.

Respectfully,

Pam Hamon

Early Childhood Special Education Teacher

From: Marleenkerri
Sent: 2/18/2022 11:17:05 PM
To:
Cc:
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: Laura Gahan
Sent: 2/17/2022 3:01:10 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

UK just outlawed all Covid mandates
Kids are NOT at risk for serious health issues from Covid
Kids are at risk for serious health issues in experimental medicine
It is NOT a child's responsibility to make adults feel safe!!
The Teachers Union's are over reaching their powers over our child's health!!

Iam against making children ginnpigs!! This is in reference to
WA246-105

Sent from my iPhone

From: Testify Online Survey
Sent: 2/16/2022 2:02:23 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 9. 2022

2.

Agenda Item or Issue:

Covid-19 proposal requirement

3.

Your Name:

Tess Johnson

4.

Do you have a professional title?

1. Yes

ARNP

5.

Are you representing an organization?

2. No

6.

Address:

Mossyrock, WA

7.

Email:

Chevy.ladyrn@gmail.com

8.

Phone Number (Include Area Code):

3606057833

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

Covid-19 vaccine requirement

11.

Are you Pro or Con on the proposal?

2. Con

From: Google Alerts
Sent: 2/18/2022 10:07:01 AM
To: DOH WSOB
Cc:
Subject: Google Alert - fluoride

External Email

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%3Fso>

fluoride
Daily update ☐February 18, 2022

NEWS

Fluoride for Water Systems | DOH - Washington State Department of Health
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Fand-environment%2Fdrinking-water%2Ffluoride-drinking-water%2Ffluoride-water-systems%26ct%3Dga%26cd%3DCAEYACoUMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYTUy>

Washington State Department of Health
Starting January 2017, water system's monthly fluoride performance will be tracked in the Center for Disease Control (CDC) Water Fluoridation ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshand-environment%2Fdrinking-water%2Ffluoride-drinking-water%2Ffluoride-water-systems%26ss%3Dfb%26rt%3DFluoride%2Bfor%2BWater%2BSystems%2B%257C%2BDOH%2B%2BWashington%2BState%2BDepartment%2Bof%2BHealth%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshand-environment%2Fdrinking-water%2Ffluoride-drinking-water%2Ffluoride-water-systems%26ss%3Dtw%26rt%3DFluoride%2Bfor%2BWater%2BSystems%2B%257C%2BDOH%2B%2BWashington%2BState%2BDepartment%2Bof%2BHealth%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg>

Flag as irrelevant

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffeedand-environment%2Fdrinking-water%2Ffluoride-drinking-water%2Ffluoride-water-systems%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYTUyohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa645370a608d9f30973e7%7C11d0e

Do You Remember Taking Fluoride Treatments in Elementary School? - WBKR
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Ffluoride-treatment%2F%26ct%3Dga%26cd%3DCAEYASoUMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYTUyohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7%7C11d0e

WBKR

Remember NaFrinse? I'm pretty sure this is the fluoride treatment we took back in the day in elementary school.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh fluoride-treatment%2F%26ss%3Dfb%26rt%3DDo%2BYou%2BRemember%2BTaking%2BFluoride%2BTreatments%2BWWBKR%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj206ZW46VVfBxeeTuCNhvtw3g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh fluoride-treatment%2F%26ss%3Dtw%26rt%3DDo%2BYou%2BRemember%2BTaking%2BFluoride%2BTreatments%2BWWBKR%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj206ZW46VVfBxeeTuCNhvtw3g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7>

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Petition calls for public consultation into fluoridation | Times and Star

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Times & Star

Paul Carr, of Fluoride Free Cumbria, said: "The mandatory addition of fluoridation chemicals to the water supply in West Cumbria is against all ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh calls-public-consultation-fluoridation%2F%26ss%3Dfb%26rt%3DPetition%2Bcalls%2Bfor%2Bpublic%2Bconsultation%2Binto%2Bflu>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh calls-public-consultation-fluoridation%2F%26ss%3Dtw%26rt%3DPetition%2Bcalls%2Bfor%2Bpublic%2Bconsultation%2Binto%2Bflu>

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Fluoride Varnish Market Analysis, Size, Share, Growth, Trends and Forecast 2021

... - Taiwan News

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d_FYl4D5g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7%7C11

Taiwan News

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Ultradent Products, Young Dental, DMG Dental, ...

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%2BTaiwan%2BNews%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj2

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
%2BTaiwan%2BNews%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj2

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ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa645370

Maintaining Oral Health Is Essential to Well-Being - Pharmacy Times

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
oral-health-is-essential-to-well-
being%26ct%3Dga%26cd%3DCAEYBCoUMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYTUyMj

Pharmacy Times

Those without fluoridated water should talk to their doctor about taking systemic fluoride
supplementation, including oral lozenges and tablets.10.

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oral-health-is-essential-to-well-
being%26ss%3Dfb%26rt%3DMaintaining%2BOral%2BHealth%2BIs%2BEssential%2Bto%2BWell-
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oral-health-is-essential-to-well-
being%26ss%3Dtw%26rt%3DMaintaining%2BOral%2BHealth%2BIs%2BEssential%2Bto%2BWell-
Being%2B-
%2BPharmacy%2BTimes%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj

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oral-health-is-essential-to-well-
being%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTcwOTY4NDM5OTI3NjQ3MTM4
ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa645370

High Fluoride Varnish Market Investment Analysis | Colgate, 3M, Dentsply Sirona -
The UB Post -

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
fluoride-varnish-market-investment-analysis-colgate-3m-dentsply-
sirona%2F%26ct%3Dga%26cd%3DCAEYBSOUMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYT

The UB Post –

JCMR Recently announced Global High Fluoride Varnish Market Report 2021 is an objective and in-depth study of the current state aimed at the ma.

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Polyvinylidene Fluoride Market| Production, Supply and Demand Forecast by ... -

The UB Post –

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The UB Post –

Polyvinylidene Fluoride Market research report deals with many parameters in depth to satisfy the requirements of business or clients.

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh fluoride-market-production-supply-and-demand-forecast-by-product-types-key-players-applications-to-2029%2F%26ss%3Dtw%26rt%3DPolyvinylidene%2BFluoride%2BMarket%257C%2BProduction%2C%2BSu %2BThe%2BUB%2BPost%2B%25E2%2580%2593%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA>

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polyvinyl-fluoride-pvf-market-outlook-an-in-depth-market-study-and-cutting-edge-
product-development-
techniques%2F%26ss%3Dfb%26rt%3DGlobal%2BPolyvinyl%2BFluoride%2B(Pvf)%2BMarket%2BOutlook%
depth%2BMarket%2BStudy%2Band%2BCutting-
Edge%2B...%26cd%3DKhQxNzA5Njg0Mzk5Mjc2NDcxMzg1OTIaMzA2MjI4MGEwM2VhNTIyMzpj206ZW46V
WWe3g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7%7C11d0

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
polyvinyl-fluoride-pvf-market-outlook-an-in-depth-market-study-and-cutting-edge-
product-development-
techniques%2F%26ss%3Dtw%26rt%3DGlobal%2BPolyvinyl%2BFluoride%2B(Pvf)%2BMarket%2BOutlook%
depth%2BMarket%2BStudy%2Band%2BCutting-
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WWe3q&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ba911d11aa6453700a608d9f30973e7%7C11d0

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high-purity-hydrogen-fluoride-market-2021-development-status-trending-technologies-
competition-analysis-type-and-application-by-
2026%2F%26ct%3Dgq%26cd%3DCAEYCCoUMTcwOTY4NDM5OTI3NjQ3MTM4NTkyGjMwNjIyODBhMDNIYTU...

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competition-analysis-type-and-application-by-
2026%2F%26ss%3Dfb%26rt%3DGlobal%2BHigh-
Purity%2BHydrogen%2BFluoride%2BMarket%2B2021%2BDevelopment%2BStatus%2C%2BTrending%2B.
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Polyvinyl Fluoride Market Market, Major Players Making Comeback After Struggle
Due To ...

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Hunter Women's Chronicle

New York, United States: The Polyvinyl Fluoride Market study highlights the growth factors, challenges and opportunities that will shape the ...

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[Send Feedback](#)

From: Sandy Jahns
Sent: 2/24/2022 10:30:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Please stop trying to push agendas and make decisions when there are too many unknowns. Please halt these meetings and decisions. It is only prudent. Continuing to push this, and enforce it on people without long term studies is reckless and irresponsible, especially those with natural immunity.

Respectfully,

Sandra Jahns

From: Debra Willingham

Sent: 2/17/2022 8:30:16 AM

To: Hannah

Markham,Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery,

MD (DOHi),Reykdal, Chris (DOHi),Miller, 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),Aultman, John (GOV),Phillips, Keith (GOV),Voris, Molly (GOV),Sawyer, Sheri

(GOV),Davis, RaShelle (GOV),Serrano, Barbara

(GOV),school.board@rentonschools.us,kentboard@kent.k12,joseph.Bento@kent.k12.wa.us,leslie.Hamada@kent.k12.wa.us,

Secretary's Office,Kwan-Gett, Tao (DOH)

Subject: MASKS 23% dive in children's development: Disturbing study shows scores in three key cognitive tests slumped between 2018 and 2021, with face mask rules among possible culprits

External Email


<https://www.dailymail.co.uk/news/article-10247315/amp/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html?fbclid=IwAR3MU208IvPxYBiNdLPlh2SQevgieT-waonMVdVbl3oLgD6-XaUe0xDBNEM>


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How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.


Remove the mask mandates in schools effective immediately.


From: REBECCA D SALKIN
Sent: 2/25/2022 1:56:24 PM
To: DOH WSBOH
Subject: Concerns regarding Covid-19 vaccinations being added to the state's immunization requirements for school entry


 *attachments\942110E2221D49CE_150 Research Studies Affirm Natur_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\2055B5AFCD2844F1_Natural immunity gets another boo_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\29AFBDEE163B4805_Bill Gates_ _Sadly the virus itself particularly t.mp4*

 *attachments\6EB2F8162C274543_Nuremburg Code.pdf*

 *attachments\34F479553F514B38_The C.D.C. Isn't Publishing Large_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\53138A0685004239_Must We Segregate the Unvaccinate_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\049BE0C0EC1E4011_A Second Opinion - Live Event in Gig Harbor, WA.pdf*

 *attachments\20395D0E499A430E_Risk of Myopericarditis following_PRDTOOL_NAMETOOLONG.pdf*

External Email

Dear Board Members,

I am writing again to express my deepest concerns regarding mandating the COVID-19 vaccine as a school immunization requirement.

First, I would like to say that I find it deeply disturbing that any of you are being harassed and threatened by people in the community. I cannot comprehend why anyone would feel that verbal abuse is the best way to express their concerns. There is absolutely no excuse for people to lash out at each other or point fingers, and violence is not the answer.

We have been surrounded by fear-mongering for the past 2 years. Some have been consumed by the fear of getting COVID and thinking they are going to die and others by the fear of the vaccine(s) and thinking they could potentially be injured or die. Some have feared being in the same space or room as an unvaccinated person as if they were diseased. It has been a very sad 2 years for many.

I understand that many parents have beliefs they hold close to their hearts and would do anything to protect their children. Many parents are truly frightened by the unknown effects the COVID vaccines may have on their children and question the lack of transparency. Many parents have lost faith in how this pandemic has been handled and how the vaccines have failed against infection and transmission. Many parents have lost their jobs due to vaccine mandates, which are now being dropped due to Supreme Court rulings. Many parents are very uncomfortable with the mixed messages spread

throughout the media and government. I am one of those parents and I am not anti-vaccine. My children are healthy and I provide them with the necessary means to protect their health on a daily basis.

I became concerned with and began to question the COVID-19 vaccine when victims who were adversely affected by the vaccine were being silenced and ignored, when scientists and doctors were being silenced and threatened for speaking out and asking questions, when the unvaccinated were discriminated against and segregated from the vaccinated, when our communities were being bribed with gift cards, a chance to win a lottery, a free joint (yes as in marijuana), when teenagers were told they didn't need their parents consent to get the vaccine, when people were told that if they contracted the virus, they would end up in the hospital and die, when we were told that we needed to get vaccinated to protect those who were already vaccinated, and when our President of the United States, our Governor, the CDC, the FDA, CNN, MSNBC, and many more were outright shunning, berating and accusing unvaccinated people as if they were the source of the entire pandemic. Who in their right mind wouldn't step back and say, "something isn't right here"?

I have provided many documents attached and links below which I am hoping you will review closely and take into consideration prior to making your decision. We cannot continue to make decisions without doing adequate research. Much of the in-depth research I've provided is from world-renowned doctors, scientists, cardiologists, epidemiologists & pediatricians who have been on the front lines treating COVID patients from the beginning. They have seen firsthand how the virus has affected children, how the vaccine has affected children, how masks have affected children and how school shutdowns have affected children.

I am frightened beyond belief that none of this information was discussed during your recent TAG meetings, other than the fear of the virus. A virus that is treatable, especially when addressed early. It felt as if the individuals were presenting information leaning toward only one direction, minimizing parents' concerns and not taking into consideration the safety and efficacy concerns as well as potential unknown effects of the vaccines. Myocarditis is not the only side effect of concern here.

One Washington hosted a live event in Gig Harbor, WA this past weekend on February 20th and 21st presenting Dr. Robert Malone and Dr. Ryan N. Cole to provide a second opinion based on their research and understanding regarding COVID-19 medical issues, including the COVID shot(s). Both Dr. Cole and Dr. Malone discuss scientific facts about the COVID vaccine and they discuss the criteria the Washington State Board of Health is reviewing in order to make a decision on whether or not to mandate these vaccines for school-aged children. The event is posted on the One Washington website here <https://www.onewashington.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.onewashington.com%2Fda>
and on Rumble here [https://rumble.com/vvoi7o-medical-freedom-a-second-](https://rumble.com/vvoi7o-medical-freedom-a-second-opinion.htmlas)
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[medical-freedom-a-second-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvoi7o-medical-freedom-a-second-opinion.htmlas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce710afe7430a42df877408d9f8a8ee78%7C)
[opinion.htmlas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce710afe7430a42df877408d9f8a8ee78%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvoi7o-medical-freedom-a-second-opinion.htmlas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce710afe7430a42df877408d9f8a8ee78%7C)
, as well as on YouTube, titled: Medical Freedom A Second Opinion, which can be found
here - <https://www.youtube.com/watch?v=lgMh2hbcK0k>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv>

Dr. Robert 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. Robert Malone holds numerous fundamental domestic and foreign patents in the fields of gene delivery, delivery formulations, and vaccines: including four fundamental DNA and RNA/mRNA vaccine

technologies. Dr. Malone received his medical degree from Northwestern Feinberg School of Medicine. He completed the Harvard Medical School fellowship as a global clinical research scholar in 2016 and was scientifically trained at the University of California at Davis, the University of California at San Diego, and at the Salk Institute Molecular Biology and Virology laboratories. He has served as an assistant and associate professor of pathology and surgery at the University of California at Davis, the University of Maryland, and the Armed Forces University of Health Services. Dr. Malone has authored approximately 100 scientific publications with over 12,000 citations of his work. He has been an invited speaker at over 50 conferences, has chaired numerous conferences, and has sat on or served as a chairperson on HHS and DoD committees. Dr. Malone is committed to ensuring vaccine safety and making sure that children are protected, as well as identifying and teaching about lifesaving treatments for COVID-19 and other pandemics.

Dr. Ryan N. Cole is the Founder and Chief Medical Officer of Cole Diagnostics, an independent, full-service medical laboratory in Boise, Idaho serving patients and clinicians across the country with a timely and accurate diagnosis. Cole Diagnostics processes and reports out approximately 40,000 blood and biopsy patient samples annually. In the last year, the lab has handled over 100,000 COVID testing samples. Dr. Cole received his medical degree from the Medical College of Virginia at Virginia Commonwealth University, where he was president of the student family practice association and a research associate in an immunology lab. Dr. Cole then spent 5 years in training at the Mayo Clinic in Rochester, Minnesota, completing his residency in Anatomic and Clinical Pathology, as well as a fellowship in Surgical pathology, servicing as chief fellow in his final year.

Dr. Robert Malone discusses many key points as summarized below. He states the following:

Before you inject your child, a decision that is irreversible, there are scientific facts about this genetic vaccine that we need to be aware of, which is based on the mRNA technology Dr. Malone created over 30 years ago.

There are 3 issues that we as parents and grandparents need to understand:

1. A viral gene will be injected into our children's cells. This gene forces our child's body to make toxic spike proteins. These proteins can cause permanent damage to children's critical organs. These types of damages include damages to their brain and nervous system, their heart and blood vessels, including blood clots, their reproductive system, and these vaccines can trigger fundamental changes in their immune systems. 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 fix heart tissue scarring, you cannot repair a genetically reset immune system. This vaccine can cause reproductive damage that could affect future generations.

2. This novel technology has not been adequately tested. We need at least 5 years of testing and research before we can really understand the risks of any new vaccine technology and any new vaccine. Vaccines can cause long-term changes in autoimmune disease. Harms and risks from new medicines often become revealed many years later. We all know this and we have lived this and seen this. Ask yourself if you want your own child to be part of the most radical medical experiment in human history. This is the largest experiment on human beings that has ever been performed in modern history.

3. The reason we have been given to vaccinate our children is a lie. Our children represent no danger to their parents or grandparents. Their immunity after getting COVID is broad natural immunity.

There is no benefit to our healthy children or to our family to be vaccinating our healthy children against the small risks of this virus. There are many known health risks of the vaccine, parents and children would have to live with this for the rest of their lives. If a child is damaged, the pharmaceutical industry is protected, they cannot be sued. As a parent, we will have to carry the burden of caring for our children if they are damaged from the vaccine(s). If parents are forced to vaccinate their children in order for them to attend school, how will the children be protected from experiencing an adverse reaction? If they experience a severe adverse reaction, who will be held accountable for forcing the vaccine? How will the child and family be compensated for any physical damage, mental damage or financial damage?

A video podcast was hosted in November 2021 discussing the data and science of the vaccines and the pediatric community. This podcast can be found [here](#)

<https://unityprojectonline.com/webinar/podcast-covid-19-and-vaccine-observations-from-pediatric-specialists/>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwebinar/covid-19-and-vaccine-observations-from-pediatric-

specialists%2F&data=04%7C01%7Cwsboh%40sbo

. Please take the time to listen to these physicians and what they have experienced with their pediatric patients.

Featured experts:

- * Dr. Kirk Milhoan, MD - Pediatric Cardiology
- * Dr. Mark McDonald, MD - Child Psychiatrist
- * Dr. Robert Malone - Inventor of the mRNA vaccine platform used in the Pfizer and Moderna Covid-19 vaccines

In addition to the above resources provided, I've included more resources below for your review.

Dr. Paul E. Alexander, an esteemed epidemiologist and a widely recognized global expert on COVID-19, is chief scientific officer of the Unity Project. He has previously served as senior advisor to the assistant secretary of the U.S. Department of Health and Human Services specializing in COVID pandemic policy to the White House. Dr. Alexander has also worked with the World Health Organization/Pan American Health Organization as a COVID pandemic evidence-synthesis advisor and is a former assistant professor at McMaster University in evidence-based medicine and research. Below are links to Dr. Alexander's webinar – Data and Science of COVID-19 Vaccines with Experts in Science and Medicine. The entire webinar can be found on The Unity Project website here as well

<https://unityprojectonline.com/webinar/webinar-data-and-science-of-the-covid-19-vaccines-with-experts-in-science-and-medicine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwebinar%2Fdata-and-science-of-the-covid-19-vaccines-with-experts-in-science-and-medicine%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce710afe7430a42df877408d9f8a8ee78%7C1>

<https://unityprojectonline.com/wp-content/uploads/2021/12/DrAlex1-Kids0iskNew.mp4>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex1-

Kids0iskNew.mp4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce710afe7430a42df877408d9f8a8ee78%

<https://unityprojectonline.com/wp->

content/uploads/2021/12/DrAlex2.SchoolsSafeNew.mp4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex2.SchoolsSafeNew.mp4&data=04%7C01%7Cwsboh%40sbo>

President Biden, Dr. Anthony Fauci, Dr. Rochelle Walensky, Jay Inslee - if you get the vaccine, you will be protected, you will not get covid - FALSE

President Biden, Dr. Anthony Fauci, Dr. Rochelle Walensky, Jay Inslee - if you are vaccinated you are very well protected against getting infected - FALSE

President Biden, Dr. Anthony Fauci, Dr. Rochelle Walensky, Jay Inslee - the vaccine protects extremely well against severe disease leading to hospitalization and death - FALSE

President Biden, Dr. Anthony Fauci, Dr. Rochelle Walensky, Jay Inslee - if you are unvaccinated, you will end up in the hospital and your chances of dying are high - FALSE

President Biden, Dr. Anthony Fauci, Dr. Rochelle Walensky, Jay Inslee - this vaccine is safe and effective - FALSE

The Great Barrington Declaration - As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection. Great Barrington Declaration (gbdeclaration.org)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgbdeclaration.org%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgbdeclaration.org%2F&data=04%2F)

- * These vaccines DO NOT prevent or stop transmission
- * These vaccines DO NOT prevent or stop an infection
- * These vaccines DO NOT provide immunity to the virus
- * These vaccines are weakening people's immune systems
- * People who have been fully vaccinated and boosted once or twice are still being infected with COVID
- * Those who are vaccinated carry equal viral volume as those who are infected
- * These vaccines are NOT an immunization, they are a therapy
- * These vaccines are experimental
- * A large majority of children in the United States have already had COVID and have recovered with natural immunity
- * A COVID recovered child/person with natural immunity should not be required to receive the COVID vaccine as it could potentially increase their risk for adverse reactions
- * Injecting our healthy children with these vaccines is a decision that is irreversible
- * We should not be experimenting on our lowest risk population (OUR CHILDREN) who have the highest risk of potentially having a lifelong adverse event from this vaccine
- * We do not have the scientific support showing that vaccinating children will protect their parents or grandparents
- * We must have voluntary consent, informed consent - Nuremberg Code
- * Early treatment is available; therefore, the vaccines should no longer be under EUA and should not be mandated
- * The vaccine companies, Pfizer in particular, has not been transparent in providing vaccine data

In closing, I strongly believe and recommend that the COVID-19 vaccine should NOT be added to the state's immunization requirements for school entry. Parents who want their children to get this vaccine can do so if they so choose. There is far too much unknown about this vaccine and its potential side effects. Healthy children should not be required, coerced, or forced to be vaccinated for COVID-19 when parents have grave concerns about the efficacy and the potential side effects of these vaccines. For those children who have already had COVID-19, why would we put them at risk for potential vaccine side effects? Again, these vaccines DO NOT stop or prevent infection and transmission. The COVID-19 vaccine should be treated just as the flu vaccine is...at one's own discretion, not a state immunization requirement, not a mandate. You will be causing a great deal of

harm to families if the COVID-19 vaccine(s) are mandated as a school entry requirement.

Mandating the COVID-19 vaccine will cause discrimination and segregation among thousands of children - How will the unvaccinated children survive mentally if they can't attend school? How will they be provided an adequate education where they can excel to their full potential? How will they fit into society? How will they advance to obtain a college degree? How will they be treated by their friends if they are unable to attend school because of a mandate? Obtaining an exemption will not be as easy as your team makes it sound. Think about all the mental stress that will be placed upon the parents who will desperately be seeking an exemption for their children because they are more fearful of the vaccine than they are of this flu virus. Will doctors really sign off on these exemptions? Will a doctor's license be put at risk or revoked if they do sign a large number of medical exemptions? Will doctors be willing to sign medical exemptions simply based on a parent's concern for the safety and well-being of their child? These are all things that should be considered prior to making any decision.

The Covid-19 vaccines should NOT be mandated as a school requirement for K-12 or as a requirement for colleges/universities. These vaccines should be optional. Children/adolescents/people should not be forced or bribed to take them.

As Bill Gates stated in a recent interview at the Munich Security Conference 2022 (video from that interview is attached), "sadly the virus itself, particularly the variant called Omicron, is a type of vaccine, that is it creates both B cell and T cell immunity and it's done a better job of getting out to the world population than we have with vaccines. If you do suros surveys in African countries, you get well over 80% of people have been exposed either to the vaccine or to various variants and so, you know what does is that it means the chance of severe disease, which is mainly associated with being elderly and having obesity or diabetes those risks are now dramatically reduced because of that infection exposure..."

Thank your time and I appreciate you thoroughly reviewing all the links and documentation provided.

Sincerely,
Rebecca Salkin
Advocate for my children and for those in the community

BROWNSTONE » BROWNSTONE INSTITUTE ARTICLES » 150 RESEARCH STUDIES AFFIRM NATURALLY ACQUIRED IMMUNITY TO COVID-19: DOCUMENTED, LINKED, AND QUOTED

150 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 65 MINUTE READ

We should not force COVID vaccines on anyone when the evidence shows that naturally acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves.

Public health officials and the medical establishment with the help of the politicized media are misleading the public with assertions that the COVID-19 shots provide greater protection than natural immunity. CDC Director Rochelle Walensky, for example, was deceptive in her [October 2020 published LANCET statement](#) that “there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection” and that “the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future.”

Immunology and virology 101 have taught us over a century that natural immunity confers protection against a respiratory virus’s outer coat proteins, and not just one, e.g. the SARS-CoV-2 spike glycoprotein. There is even strong evidence for the [persistence of antibodies](#). Even the CDC

recognizes natural immunity for chicken-pox and measles, mumps, and rubella, but not for COVID-19.

The vaccinated are showing viral loads (very high) similar to the unvaccinated (Acharya et al. and Riemersma et al.), and the vaccinated are as infectious. Riemersma et al. also report Wisconsin data that corroborate how the vaccinated individuals who get infected with the Delta variant can potentially (and are) transmit(ing) SARS-CoV-2 to others (potentially to the vaccinated and unvaccinated).

This troubling situation of the vaccinated being infectious and transmitting the virus emerged in seminal nosocomial outbreak papers by Chau et al. (HCWs in Vietnam), the Finland hospital outbreak (spread among HCWs and patients), and the Israel hospital outbreak (spread among HCWs and patients). These studies also revealed that the PPE and masks were essentially ineffective in the healthcare setting. Again, the Marek's disease in chickens and the vaccination situation explains what we are potentially facing with these leaky vaccines (increased transmission, faster transmission, and more 'hotter' variants).

Moreover, existing immunity should be assessed before any vaccination, via an accurate, dependable, and reliable antibody test (or T cell immunity test) or be based on documentation of prior infection (a previous positive PCR or antigen test). Such would be evidence of immunity that is equal to that of vaccination and the immunity should be provided the same societal status as any vaccine-induced immunity. This

will function to mitigate the societal anxiety with these forced vaccine mandates and societal upheaval due to job loss, denial of societal privileges etc. Tearing apart the vaccinated and the unvaccinated in a society, separating them, is not medically or scientifically supportable.

The Brownstone Institute previously documented 30 studies on natural immunity as it relates to Covid-19.

This follow-up chart is the most updated and comprehensive library list of 150 of the highest-quality, complete, most robust scientific studies and evidence reports/position statements on natural immunity as compared to the COVID-19 vaccine-induced immunity and allow you to draw your own conclusion.

This represents the judged trustworthy ‘body of evidence’ that includes peer-reviewed studies and high-quality literature and reporting that contributes to that body of evidence. The aim here is to share and inform for your own decision-making.

I’ve benefited from the input of many to put this together, especially my co-authors:

- Dr. Harvey Risch, MD, PhD (Yale School of Public Health)
- Dr. Howard Tenenbaum, PhD (Faculty of Medicine, University of Toronto)
- Dr. Ramin Oskoui, MD (Foxhall Cardiology, Washington)

- Dr. Peter McCullough, MD (Truth for Health Foundation (TFH)), Texas
- Dr. Parvez Dara, MD (consultant, Medical Hematologist and Oncologist)

Evidence on natural immunity versus COVID-19 vaccine induced immunity:

Study/report title, author, and year published and interactive url link	Predominant finding on natural immunity
1) Necessity of COVID-19 vaccination in previously infected individuals , Shrestha, 2021	“Cumulative incidence of COVID-19 was examined among 52,238 employees in an American healthcare system. The cumulative incidence of SARS-CoV-2 infection remained almost zero among previously infected unvaccinated subjects, previously infected subjects who were vaccinated, and previously uninfected subjects who were vaccinated, compared with a steady increase in cumulative incidence among previously uninfected subjects who remained unvaccinated. Not one of the 1359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study. Individuals who have had SARS-CoV-2 infection are unlikely to benefit from COVID-19 vaccination...”
2) SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls , Le Bert, 2020	“Studied T cell responses against the structural (nucleocapsid (N) protein) and non-structural (NSP7 and NSP13 of <i>ORF1</i>) regions of SARS-CoV-2 in individuals convalescing from coronavirus disease 2019 (COVID-19) ($n = 36$). In all of these individuals, we found CD4 and CD8 T cells that recognized multiple regions of the N protein... showed that patients ($n = 23$) who recovered from SARS possess long-lasting memory T cells that are reactive to the N protein of SARS-CoV

	17 years after the outbreak of SARS in 2003; these T cells displayed robust cross-reactivity to the N protein of SARS-CoV-2.”
3) Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections, Gazit, 2021	“A retrospective observational study comparing three groups: (1) SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, (2) previously infected individuals who have not been vaccinated, and (3) previously infected <i>and</i> single dose vaccinated individuals found para a 13 fold increased risk of breakthrough Delta infections in double vaccinated persons, and a 27 fold increased risk for symptomatic breakthrough infection in the double vaccinated relative to the natural immunity recovered persons...the risk of hospitalization was 8 times higher in the double vaccinated (para)...this analysis demonstrated that natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.”
4) Highly functional virus-specific cellular immune response in asymptomatic SARS-CoV-2 infection, Le Bert, 2021	“Studied SARS-CoV-2-specific T cells in a cohort of asymptomatic ($n = 85$) and symptomatic ($n = 75$) COVID-19 patients after seroconversion...thus, asymptomatic SARS-CoV-2-infected individuals are not characterized by weak antiviral immunity; on the contrary, they mount a highly functional virus-specific cellular immune response.”
5) Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection, Israel, 2021	“A total of 2,653 individuals fully vaccinated by two doses of vaccine during the study period and 4,361 convalescent patients were included. Higher SARS-CoV-2 IgG antibody titers were observed in vaccinated individuals (median 1581 AU/mL IQR [533.8-5644.6]) after the second vaccination, than in convalescent individuals (median 355.3 AU/mL IQR [141.2-998.7]; $p < 0.001$). In vaccinated subjects, antibody titers decreased by up to 40% each subsequent month while in convalescents they decreased by less than 5% per month... this study demonstrates individuals who received the Pfizer-BioNTech

	<p>mRNA vaccine have different kinetics of antibody levels compared to patients who had been infected with the SARS-CoV-2 virus, with higher initial levels but a much faster exponential decrease in the first group”.</p>
<p>6) SARS-CoV-2 re-infection risk in Austria, Pilz, 2021</p>	<p>Researchers recorded “40 tentative re-infections in 14, 840 COVID-19 survivors of the first wave (0.27%) and 253 581 infections in 8, 885, 640 individuals of the remaining general population (2.85%) translating into an odds ratio (95% confidence interval) of 0.09 (0.07 to 0.13)...relatively low re-infection rate of SARS-CoV-2 in Austria. Protection against SARS-CoV-2 after natural infection is comparable with the highest available estimates on vaccine efficacies.” Additionally, hospitalization in only five out of 14,840 (0.03%) people and death in one out of 14,840 (0.01%) (tentative re-infection).</p>
<p>7) mRNA vaccine-induced SARS-CoV-2-specific T cells recognize B.1.1.7 and B.1.351 variants but differ in longevity and homing properties depending on prior infection status, Neidleman, 2021</p>	<p>“Spike-specific T cells from convalescent vaccinees differed strikingly from those of infection-naïve vaccinees, with phenotypic features suggesting superior long-term persistence and ability to home to the respiratory tract including the nasopharynx. These results provide reassurance that vaccine-elicited T cells respond robustly to the B.1.1.7 and B.1.351 variants, confirm that convalescents may not need a second vaccine dose.”</p>
<p>8) Good news: Mild COVID-19 induces lasting antibody protection, Bhandari, 2021</p>	<p>“Months after recovering from mild cases of COVID-19, people still have immune cells in their body pumping out antibodies against the virus that causes COVID-19, according to a study from researchers at Washington University School of Medicine in St. Louis. Such cells could persist for a lifetime, churning out antibodies all the while. The findings, published May 24 in the journal Nature, suggest that mild cases of COVID-19 leave those infected with lasting antibody protection and that repeated bouts of illness are likely to be uncommon.”</p>

<p>9) Robust neutralizing antibodies to SARS-CoV-2 infection persist for months, Wajnberg, 2021</p>	<p>“Neutralizing antibody titers against the SARS-CoV-2 spike protein persisted for at least 5 months after infection. Although continued monitoring of this cohort will be needed to confirm the longevity and potency of this response, these preliminary results suggest that the chance of reinfection may be lower than is currently feared.”</p>
<p>10) Evolution of Antibody Immunity to SARS-CoV-2, Gaebler, 2020</p>	<p>“Concurrently, neutralizing activity in plasma decreases by five-fold in pseudo-type virus assays. In contrast, the number of RBD-specific memory B cells is unchanged. Memory B cells display clonal turnover after 6.2 months, and the antibodies they express have greater somatic hypermutation, increased potency and resistance to RBD mutations, indicative of continued evolution of the humoral response...we conclude that the memory B cell response to SARS-CoV-2 evolves between 1.3 and 6.2 months after infection in a manner that is consistent with antigen persistence.”</p>
<p>11) Persistence of neutralizing antibodies a year after SARS-CoV-2 infection in humans, Haveri, 2021</p>	<p>“Assessed the persistence of serum antibodies following WT SARS-CoV-2 infection at 8 and 13 months after diagnosis in 367 individuals...found that NAb against the WT virus persisted in 89% and S-IgG in 97% of subjects for at least 13 months after infection.”</p>
<p>12) Quantifying the risk of SARS-CoV-2 reinfection over time, Murchu, 2021</p>	<p>“Eleven large cohort studies were identified that estimated the risk of SARS-CoV-2 reinfection over time, including three that enrolled healthcare workers and two that enrolled residents and staff of elderly care homes. Across studies, the total number of PCR-positive or antibody-positive participants at baseline was 615,777, and the maximum duration of follow-up was more than 10 months in three studies. Reinfection was an uncommon event (absolute rate 0%–1.1%), with no study reporting an increase in the risk of reinfection over time.”</p>
<p>13) Natural immunity to covid is powerful. Policymakers seem afraid to say so, Makary,</p>	<p>Makary writes “it’s okay to have an incorrect scientific hypothesis. But when new data proves it wrong, you have to adapt. Unfortunately, many elected leaders and public health officials have held on far too</p>

<p>2021</p> <p>The Western Journal-Makary</p>	<p>long to the hypothesis that natural immunity offers unreliable protection against covid-19 — a contention that is being rapidly debunked by science. More than 15 studies have demonstrated the power of immunity acquired by previously having the virus. A 700,000-person study from Israel two weeks ago found that those who had experienced prior infections were 27 times less likely to get a second symptomatic covid infection than those who were vaccinated. This affirmed a June Cleveland Clinic study of health-care workers (who are often exposed to the virus), in which none who had previously tested positive for the coronavirus got reinfected. The study authors concluded that “individuals who have had SARS-CoV-2 infection are unlikely to benefit from covid-19 vaccination.” And in May, a Washington University study found that even a mild covid infection resulted in long-lasting immunity.”</p> <p>“The data on natural immunity are now overwhelming,” Makary told the Morning Wire. “It turns out the hypothesis that our public health leaders had that vaccinated immunity is better and stronger than natural immunity was wrong. They got it backwards. And now we’ve got data from Israel showing that natural immunity is 27 times more effective than vaccinated immunity.”</p>
<p>14) SARS-CoV-2 elicits robust adaptive immune responses regardless of disease severity, Nielsen, 2021</p>	<p>“203 recovered SARS-CoV-2 infected patients in Denmark between April 3rd and July 9th 2020, at least 14 days after COVID-19 symptom recovery... report broad serological profiles within the cohort, detecting antibody binding to other human coronaviruses... the viral surface spike protein was identified as the dominant target for both neutralizing antibodies and CD8⁺ T-cell responses. Overall, the majority of patients had robust adaptive immune responses, regardless of their disease severity.”</p>
<p>15) Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2</p>	<p>“Analyze an updated individual-level database of the entire population of Israel to assess the protection efficacy of both prior infection and vaccination in preventing subsequent SARS-CoV-2</p>

<p>vaccine protection: A three-month nationwide experience from Israel, Goldberg, 2021</p>	<p>infection, hospitalization with COVID-19, severe disease, and death due to COVID-19... vaccination was highly effective with overall estimated efficacy for documented infection of 92·8% (CI:[92·6, 93·0]); hospitalization 94·2% (CI:[93·6, 94·7]); severe illness 94·4% (CI:[93·6, 95·0]); and death 93·7% (CI:[92·5, 94·7]). Similarly, the overall estimated level of protection from prior SARS-CoV-2 infection for documented infection is 94·8% (CI: [94·4, 95·1]); hospitalization 94·1% (CI: [91·9, 95·7]); and severe illness 96·4% (CI: [92·5, 98·3])...results question the need to vaccinate previously-infected individuals.”</p>
<p>16) Incidence of Severe Acute Respiratory Syndrome Coronavirus-2 infection among previously infected or vaccinated employees, Kojima, 2021</p>	<p>“Employees were divided into three groups: (1) SARS-CoV-2 naïve and unvaccinated, (2) previous SARS-CoV-2 infection, and (3) vaccinated. Person-days were measured from the date of the employee first test and truncated at the end of the observation period. SARS-CoV-2 infection was defined as two positive SARS-CoV-2 PCR tests in a 30-day period... 4313, 254 and 739 employee records for groups 1, 2, and 3...previous SARS-CoV-2 infection and vaccination for SARS-CoV-2 were associated with decreased risk for infection or re-infection with SARS-CoV-2 in a routinely screened workforce. There was no difference in the infection incidence between vaccinated individuals and individuals with previous infection.”</p>
<p>17) Having SARS-CoV-2 once confers much greater immunity than a vaccine—but vaccination remains vital, Wadman, 2021</p>	<p>“Israelis who had an infection were more protected against the Delta coronavirus variant than those who had an already highly effective COVID-19 vaccine...the newly released data show people who once had a SARS-CoV-2 infection were much less likely than never-infected, vaccinated people to get Delta, develop symptoms from it, or become hospitalized with serious COVID-19.”</p>
<p>18) One-year sustained cellular and humoral immunities of COVID-19 convalescents, Zhang, 2021</p>	<p>“A systematic antigen-specific immune evaluation in 101 COVID-19 convalescents; SARS-CoV-2-specific IgG antibodies, and also NAb can persist among over 95% COVID-19 convalescents from 6 months to 12 months after disease onset. At least 19/71 (26%) of COVID-19 convalescents (double positive in ELISA and MCLIA) had detectable</p>

	<p>circulating IgM antibody against SARS-CoV-2 at 12m post-disease onset. Notably, the percentages of convalescents with positive SARS-CoV-2-specific T-cell responses (at least one of the SARS-CoV-2 antigen S1, S2, M and N protein) were 71/76 (93%) and 67/73 (92%) at 6m and 12m, respectively.”</p>
<p>19) Functional SARS-CoV-2-Specific Immune Memory Persists after Mild COVID-19, Rodda, 2021</p>	<p>“Recovered individuals developed SARS-CoV-2-specific immunoglobulin (IgG) antibodies, neutralizing plasma, and memory B and memory T cells that persisted for at least 3 months. Our data further reveal that SARS-CoV-2-specific IgG memory B cells increased over time. Additionally, SARS-CoV-2-specific memory lymphocytes exhibited characteristics associated with potent antiviral function: memory T cells secreted cytokines and expanded upon antigen re-encounter, whereas memory B cells expressed receptors capable of neutralizing virus when expressed as monoclonal antibodies. Therefore, mild COVID-19 elicits memory lymphocytes that persist and display functional hallmarks of antiviral immunity.”</p>
<p>20) Discrete Immune Response Signature to SARS-CoV-2 mRNA Vaccination Versus Infection, Ivanova, 2021</p>	<p>“Performed multimodal single-cell sequencing on peripheral blood of patients with acute COVID-19 and healthy volunteers before and after receiving the SARS-CoV-2 BNT162b2 mRNA vaccine to compare the immune responses elicited by the virus and by this vaccine...both infection and vaccination induced robust innate and adaptive immune responses, our analysis revealed significant qualitative differences between the two types of immune challenges. In COVID-19 patients, immune responses were characterized by a highly augmented interferon response which was largely absent in vaccine recipients. Increased interferon signaling likely contributed to the observed dramatic upregulation of cytotoxic genes in the peripheral T cells and innate-like lymphocytes in patients but not in immunized subjects. Analysis of B and T cell receptor repertoires revealed that while the majority of clonal B and T cells in COVID-19 patients were effector cells, in vaccine recipients clonally expanded cells were</p>

	<p>primarily circulating memory cells...we observed the presence of cytotoxic CD4 T cells in COVID-19 patients that were largely absent in healthy volunteers following immunization. While hyper-activation of inflammatory responses and cytotoxic cells may contribute to immunopathology in severe illness, in mild and moderate disease, these features are indicative of protective immune responses and resolution of infection.”</p>
<p>21) SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans, Turner, 2021</p>	<p>“Bone marrow plasma cells (BMPCs) are a persistent and essential source of protective antibodies... durable serum antibody titres are maintained by long-lived plasma cells—non-replicating, antigen-specific plasma cells that are detected in the bone marrow long after the clearance of the antigen ... S-binding BMPCs are quiescent, which suggests that they are part of a stable compartment. Consistently, circulating resting memory B cells directed against SARS-CoV-2 S were detected in the convalescent individuals. Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans...overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived bone marrow plasma cells (BMPCs) and memory B-cells.”</p>
<p>22) SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN), Jane Hall, 2021</p>	<p>“The SARS-CoV-2 Immunity and Reinfection Evaluation study... 30625 participants were enrolled into the study... a previous history of SARS-CoV-2 infection was associated with an 84% lower risk of infection, with median protective effect observed 7 months following primary infection. This time period is the minimum probable effect because seroconversions were not included. This study shows that previous infection with SARS-CoV-2 induces effective immunity to future infections in most individuals.”</p>
<p>23) Pandemic peak SARS-CoV-2 infection and</p>	<p>“Enrolled 200 patient-facing HCWs between March 26 and April 8, 2020...represents a 13% infection rate (i.e. 14 of 112 HCWs) within the</p>

<p>seroconversion rates in London frontline health-care workers, Houlihan, 2020</p>	<p>1 month of follow-up in those with no evidence of antibodies or viral shedding at enrolment. By contrast, of 33 HCWs who tested positive by serology but tested negative by RT-PCR at enrolment, 32 remained negative by RT-PCR through follow-up, and one tested positive by RT-PCR on days 8 and 13 after enrolment.”</p>
<p>24) Antibodies to SARS-CoV-2 are associated with protection against reinfection, Lumley, 2021</p>	<p>“Critical to understand whether infection with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) protects from subsequent reinfection... 12219 HCWs participated...prior SARS-CoV-2 infection that generated antibody responses offered protection from reinfection for most people in the six months following infection.”</p>
<p>25) Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells, Cohen, 2021</p>	<p>“Evaluate 254 COVID-19 patients longitudinally up to 8 months and find durable broad-based immune responses. SARS-CoV-2 spike binding and neutralizing antibodies exhibit a bi-phasic decay with an extended half-life of >200 days suggesting the generation of longer-lived plasma cells... most recovered COVID-19 patients mount broad, durable immunity after infection, spike IgG+ memory B cells increase and persist post-infection, durable polyfunctional CD4 and CD8 T cells recognize distinct viral epitope regions.”</p>
<p>26) Single cell profiling of T and B cell repertoires following SARS-CoV-2 mRNA vaccine, Sureshchandra, 2021</p>	<p>“Used single-cell RNA sequencing and functional assays to compare humoral and cellular responses to two doses of mRNA vaccine with responses observed in convalescent individuals with asymptomatic disease... natural infection induced expansion of larger CD8 T cell clones occupied distinct clusters, likely due to the recognition of a broader set of viral epitopes presented by the virus not seen in the mRNA vaccine.”</p>
<p>27) SARS-CoV-2 antibody-positivity protects against reinfection for at least seven</p>	<p>“SARS-CoV-2 antibody-positive persons from April 16 to December 31, 2020 with a PCR-positive swab ≥ 14 days after the first-positive antibody test were investigated for evidence of reinfection, 43,044 antibody-positive persons who were followed for a median of 16.3</p>

months with 95% efficacy, Abu-Raddad, 2021	weeks...reinfection is rare in the young and international population of Qatar. Natural infection appears to elicit strong protection against reinfection with an efficacy ~95% for at least seven months."
28) Orthogonal SARS-CoV-2 Serological Assays Enable Surveillance of Low-Prevalence Communities and Reveal Durable Humoral Immunity, Ripperger, 2020	"Conducted a serological study to define correlates of immunity against SARS-CoV-2. Compared to those with mild coronavirus disease 2019 (COVID-19) cases, individuals with severe disease exhibited elevated virus-neutralizing titers and antibodies against the nucleocapsid (N) and the receptor binding domain (RBD) of the spike protein...neutralizing and spike-specific antibody production persists for at least 5–7 months... nucleocapsid antibodies frequently become undetectable by 5–7 months."
29) Anti-spike antibody response to natural SARS-CoV-2 infection in the general population, Wei, 2021	"In the general population using representative data from 7,256 United Kingdom COVID-19 infection survey participants who had positive swab SARS-CoV-2 PCR tests from 26-April-2020 to 14-June-2021...we estimated antibody levels associated with protection against reinfection likely last 1.5-2 years on average, with levels associated with protection from severe infection present for several years. These estimates could inform planning for vaccination booster strategies."
30) Researchers find long-lived immunity to 1918 pandemic virus, CIDRAP, 2008 and the actual 2008 NATURE journal publication by Yu	"A study of the blood of older people who survived the 1918 influenza pandemic reveals that antibodies to the strain have lasted a lifetime and can perhaps be engineered to protect future generations against similar strains...the group collected blood samples from 32 pandemic survivors aged 91 to 101..the people recruited for the study were 2 to 12 years old in 1918 and many recalled sick family members in their households, which suggests they were directly exposed to the virus, the authors report. The group found that 100% of the subjects had serum-neutralizing activity against the 1918 virus and 94% showed serologic reactivity to the 1918 hemagglutinin. The investigators generated B lymphoblastic cell lines from the peripheral blood mononuclear cells of eight subjects. Transformed cells from the blood

	<p>of 7 of the 8 donors yielded secreting antibodies that bound the 1918 hemagglutinin.” Yu: “here we show that of the 32 individuals tested that were born in or before 1915, each showed sero-reactivity with the 1918 virus, nearly 90 years after the pandemic. Seven of the eight donor samples tested had circulating B cells that secreted antibodies that bound the 1918 HA. We isolated B cells from subjects and generated five monoclonal antibodies that showed potent neutralizing activity against 1918 virus from three separate donors. These antibodies also cross-reacted with the genetically similar HA of a 1930 swine H1N1 influenza strain.”</p>
<p>31) Live virus neutralisation testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2, Gonzalez, 2021</p>	<p>“No significant difference was observed between the 20B and 19A isolates for HCWs with mild COVID-19 and critical patients. However, a significant decrease in neutralisation ability was found for 20I/501Y.V1 in comparison with 19A isolate for critical patients and HCWs 6-months post infection. Concerning 20H/501Y.V2, all populations had a significant reduction in neutralising antibody titres in comparison with the 19A isolate. Interestingly, a significant difference in neutralisation capacity was observed for vaccinated HCWs between the two variants whereas it was not significant for the convalescent groups...the reduced neutralising response observed towards the 20H/501Y.V2 in comparison with the 19A and 20I/501Y.V1 isolates in fully immunized subjects with the BNT162b2 vaccine is a striking finding of the study.”</p>
<p>32) Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve and COVID-19 recovered individuals, Camara, 2021</p>	<p>“Characterized SARS-CoV-2 spike-specific humoral and cellular immunity in naïve and previously infected individuals during full BNT162b2 vaccination...results demonstrate that the second dose increases both the humoral and cellular immunity in naïve individuals. On the contrary, the second BNT162b2 vaccine dose results in a reduction of cellular immunity in COVID-19 recovered individuals.”</p>

<p>33) Op-Ed: Quit Ignoring Natural COVID Immunity, Klausner, 2021</p>	<p>“Epidemiologists estimate over 160 million people worldwide have recovered from COVID-19. Those who have recovered have an astonishingly low frequency of repeat infection, disease, or death.”</p>
<p>34) Association of SARS-CoV-2 Seropositive Antibody Test With Risk of Future Infection, Harvey, 2021</p>	<p>“To evaluate evidence of SARS-CoV-2 infection based on diagnostic nucleic acid amplification test (NAAT) among patients with positive vs negative test results for antibodies in an observational descriptive cohort study of clinical laboratory and linked claims data...the cohort included 3257478 unique patients with an index antibody test... patients with positive antibody test results were initially more likely to have positive NAAT results, consistent with prolonged RNA shedding, but became markedly less likely to have positive NAAT results over time, suggesting that seropositivity is associated with protection from infection.”</p>
<p>35) SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study, Letizia, 2021</p>	<p>“Investigated the risk of subsequent SARS-CoV-2 infection among young adults (CHARM marine study) seropositive for a previous infection...enrolled 3249 participants, of whom 3168 (98%) continued into the 2-week quarantine period. 3076 (95%) participants...Among 189 seropositive participants, 19 (10%) had at least one positive PCR test for SARS-CoV-2 during the 6-week follow-up (1·1 cases per person-year). In contrast, 1079 (48%) of 2247 seronegative participants tested positive (6·2 cases per person-year). The incidence rate ratio was 0·18 (95% CI 0·11–0·28; $p<0\cdot001$)...infected seropositive participants had viral loads that were about 10-times lower than those of infected seronegative participants (ORF1ab gene cycle threshold difference 3·95 [95% CI 1·23–6·67]; $p=0\cdot004$).”</p>
<p>36) Associations of Vaccination and of Prior Infection With Positive PCR Test Results for SARS-CoV-2 in Airline Passengers Arriving in Qatar, Bertollini, 2021</p>	<p>“Of 9,180 individuals with no record of vaccination but with a record of prior infection at least 90 days before the PCR test (group 3), 7694 could be matched to individuals with no record of vaccination or prior infection (group 2), among whom PCR positivity was 1.01% (95% CI, 0.80%-1.26%) and 3.81% (95% CI, 3.39%-4.26%), respectively. The relative risk for PCR positivity was 0.22 (95% CI, 0.17-0.28) for</p>

	vaccinated individuals and 0.26 (95% CI, 0.21-0.34) for individuals with prior infection compared with no record of vaccination or prior infection.”
37) Natural immunity against COVID-19 significantly reduces the risk of reinfection: findings from a cohort of sero-survey participants, Mishra, 2021	“Followed up with a subsample of our previous sero-survey participants to assess whether natural immunity against SARS-CoV-2 was associated with a reduced risk of re-infection (India)... out of the 2238 participants, 1170 were sero-positive and 1068 were sero-negative for antibody against COVID-19. Our survey found that only 3 individuals in the sero-positive group got infected with COVID-19 whereas 127 individuals reported contracting the infection the sero-negative group...from the 3 sero-positives re-infected with COVID-19, one had hospitalization, but did not require oxygen support or critical care...development of antibody following natural infection not only protects against re-infection by the virus to a great extent, but also safeguards against progression to severe COVID-19 disease.”
38) Lasting immunity found after recovery from COVID-19, NIH, 2021	“The researchers found durable immune responses in the majority of people studied. Antibodies against the spike protein of SARS-CoV-2, which the virus uses to get inside cells, were found in 98% of participants one month after symptom onset. As seen in previous studies, the number of antibodies ranged widely between individuals. But, promisingly, their levels remained fairly stable over time, declining only modestly at 6 to 8 months after infection... virus-specific B cells increased over time. People had more memory B cells six months after symptom onset than at one month afterwards... levels of T cells for the virus also remained high after infection. Six months after symptom onset, 92% of participants had CD4+ T cells that recognized the virus... 95% of the people had at least 3 out of 5 immune-system components that could recognize SARS-CoV-2 up to 8 months after infection.”
39) SARS-CoV-2 Natural Antibody Response Persists	“The seropositive rate in the convalescent individuals was above 95% at all sampling time points for both assays and remained stable over

for at Least 12 Months in a Nationwide Study From the Faroe Islands, Petersen, 2021	time; that is, almost all convalescent individuals developed antibodies... results show that SARS-CoV-2 antibodies persisted at least 12 months after symptom onset and maybe even longer, indicating that COVID-19-convalescent individuals may be protected from reinfection.”
40) SARS-CoV-2-specific T cell memory is sustained in COVID-19 convalescent patients for 10 months with successful development of stem cell-like memory T cells, Jung, 2021	“ex vivo assays to evaluate SARS-CoV-2-specific CD4 ⁺ and CD8 ⁺ T cell responses in COVID-19 convalescent patients up to 317 days post-symptom onset (DPSO), and find that memory T cell responses are maintained during the study period regardless of the severity of COVID-19. In particular, we observe sustained polyfunctionality and proliferation capacity of SARS-CoV-2-specific T cells. Among SARS-CoV-2-specific CD4 ⁺ and CD8 ⁺ T cells detected by activation-induced markers, the proportion of stem cell-like memory T (T _{SCM}) cells is increased, peaking at approximately 120 DPSO.”
41) Immune Memory in Mild COVID-19 Patients and Unexposed Donors Reveals Persistent T Cell Responses After SARS-CoV-2 Infection, Ansari, 2021	“Analyzed 42 unexposed healthy donors and 28 mild COVID-19 subjects up to 5 months from the recovery for SARS-CoV-2 specific immunological memory. Using HLA class II predicted peptide megapools, we identified SARS-CoV-2 cross-reactive CD4 ⁺ T cells in around 66% of the unexposed individuals. Moreover, we found detectable immune memory in mild COVID-19 patients several months after recovery in the crucial arms of protective adaptive immunity; CD4 ⁺ T cells and B cells, with a minimal contribution from CD8 ⁺ T cells. Interestingly, the persistent immune memory in COVID-19 patients is predominantly targeted towards the Spike glycoprotein of the SARS-CoV-2. This study provides the evidence of both high magnitude pre-existing and persistent immune memory in Indian population.”
42) COVID-19 natural immunity, WHO, 2021	“Current evidence points to most individuals developing strong protective immune responses following natural infection with SARSCoV-2. Within 4 weeks following infection, 90-99% of individuals infected with the SARS-CoV-2 virus develop detectable neutralizing

	<p>antibodies. The strength and duration of the immune responses to SARS-CoV-2 are not completely understood and currently available data suggests that it varies by age and the severity of symptoms. Available scientific data suggests that in most people immune responses remain robust and protective against reinfection for at least 6-8 months after infection (the longest follow up with strong scientific evidence is currently approximately 8 months)."</p>
<p>43) Antibody Evolution after SARS-CoV-2 mRNA Vaccination, Cho, 2021</p>	<p>"We conclude that memory antibodies selected over time by natural infection have greater potency and breadth than antibodies elicited by vaccination...boosting vaccinated individuals with currently available mRNA vaccines would produce a quantitative increase in plasma neutralizing activity but not the qualitative advantage against variants obtained by vaccinating convalescent individuals."</p>
<p>44) Humoral Immune Response to SARS-CoV-2 in Iceland, Gudbjartsson, 2020</p>	<p>"Measured antibodies in serum samples from 30,576 persons in Iceland...of the 1797 persons who had recovered from SARS-CoV-2 infection, 1107 of the 1215 who were tested (91.1%) were seropositive...results indicate risk of death from infection was 0.3% and that antiviral antibodies against SARS-CoV-2 did not decline within 4 months after diagnosis (para)."</p>
<p>45) Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection, Dan, 2021</p>	<p>"Analyzed multiple compartments of circulating immune memory to SARS-CoV-2 in 254 samples from 188 COVID-19 cases, including 43 samples at ≥ 6 months post-infection...IgG to the Spike protein was relatively stable over 6+ months. Spike-specific memory B cells were more abundant at 6 months than at 1 month post symptom onset."</p>
<p>46) The prevalence of adaptive immunity to COVID-19 and reinfection after recovery – a comprehensive systematic review and meta-</p>	<p>"Fifty-four studies, from 18 countries, with a total of 12 011 447 individuals, followed up to 8 months after recovery, were included. At 6-8 months after recovery, the prevalence of detectable SARS-CoV-2 specific immunological memory remained high; IgG – 90.4%... pooled prevalence of reinfection was 0.2% (95%CI 0.0 – 0.7, $I^2 = 98.8$, 9 studies). Individuals who recovered from COVID-19 had an</p>

analysis of 12 011 447 individuals, Chivese, 2021	81% reduction in odds of a reinfection (OR 0.19, 95% CI 0.1 – 0.3, $I^2 = 90.5\%$, 5 studies)."
47) Reinfection Rates among Patients who Previously Tested Positive for COVID-19: a Retrospective Cohort Study, Sheehan, 2021	"Retrospective cohort study of one multi-hospital health system included 150,325 patients tested for COVID-19 infection...prior infection in patients with COVID-19 was highly protective against reinfection and symptomatic disease. This protection increased over time, suggesting that viral shedding or ongoing immune response may persist beyond 90 days and may not represent true reinfection."
48) Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy, Vitale, 2020	"The study results suggest that reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year, which is similar to the protection reported in recent vaccine studies."
49) Prior SARS-CoV-2 infection is associated with protection against symptomatic reinfection, Hanrath, 2021	"We observed no symptomatic reinfections in a cohort of healthcare workers...this apparent immunity to re-infection was maintained for at least 6 months...test positivity rates were 0% (0/128 [95% CI: 0–2.9]) in those with previous infection compared to 13.7% (290/2115 [95% CI: 12.3–15.2]) in those without ($P < 0.0001$ χ^2 test)."
50) Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals, Grifoni, 2020	"Using HLA class I and II predicted peptide "megapools," circulating SARS-CoV-2-specific CD8 ⁺ and CD4 ⁺ T cells were identified in ~70% and 100% of COVID-19 convalescent patients, respectively. CD4 ⁺ T cell responses to spike, the main target of most vaccine efforts, were robust and correlated with the magnitude of the anti-SARS-CoV-2 IgG and IgA titers. The M, spike, and N proteins each accounted for 11%–27% of the total CD4 ⁺ response, with additional responses commonly targeting nsp3, nsp4, ORF3a, and ORF8, among others. For CD8 ⁺ T cells, spike and M were recognized, with at least eight SARS-CoV-2 ORFs targeted."
51) NIH Director's Blog: Immune T Cells May Offer	"Much of the study on the immune response to SARS-CoV-2, the novel coronavirus that causes COVID-19, has focused on the production

<p>Lasting Protection Against COVID-19, Collins, 2021</p>	<p>of antibodies. But, in fact, immune cells known as memory T cells also play an important role in the ability of our immune systems to protect us against many viral infections, including—it now appears—COVID-19. An intriguing new study of these memory T cells suggests they might protect some people newly infected with SARS-CoV-2 by remembering past encounters with other human coronaviruses. This might potentially explain why some people seem to fend off the virus and may be less susceptible to becoming severely ill with COVID-19.”</p>
<p>52) Ultrapotent antibodies against diverse and highly transmissible SARS-CoV-2 variants, Wang, 2021</p>	<p>“Our study demonstrates that convalescent subjects previously infected with ancestral variant SARS-CoV-2 produce antibodies that cross-neutralize emerging VOCs with high potency...potent against 23 variants, including variants of concern.”</p>
<p>53) Why COVID-19 Vaccines Should Not Be Required for All Americans, Makary, 2021</p>	<p>“Requiring the vaccine in people who are already immune with natural immunity has no scientific support. While vaccinating those people may be beneficial – and it’s a reasonable hypothesis that vaccination may bolster the longevity of their immunity – to argue dogmatically that they <i>must</i> get vaccinated has zero clinical outcome data to back it. As a matter of fact, we have data to the contrary: A Cleveland Clinic study found that vaccinating people with natural immunity did not add to their level of protection.”</p>
<p>54) Protracted yet coordinated differentiation of long-lived SARS-CoV-2-specific CD8+ T cells during COVID-19 convalescence, Ma, 2021</p>	<p>“Screened 21 well-characterized, longitudinally-sampled convalescent donors that recovered from mild COVID-19...following a typical case of mild COVID-19, SARS-CoV-2-specific CD8+ T cells not only persist but continuously differentiate in a coordinated fashion well into convalescence, into a state characteristic of long-lived, self-renewing memory.”</p>
<p>55) Decrease in Measles Virus-Specific CD4 T Cell Memory in Vaccinated Subjects, Naniche, 2004</p>	<p>“Characterized the profiles of measles vaccine (MV) vaccine-induced antigen-specific T cells over time since vaccination. In a cross-sectional study of healthy subjects with a history of MV vaccination, we found that MV-specific CD4 and CD8 T cells could be detected up</p>

	<p>to 34 years after vaccination. The levels of MV-specific CD8 T cells and MV-specific IgG remained stable, whereas the level of MV-specific CD4 T cells decreased significantly in subjects who had been vaccinated >21 years earlier.”</p>
<p>56) Remembrance of Things Past: Long-Term B Cell Memory After Infection and Vaccination, Palm, 2019</p>	<p>“The success of vaccines is dependent on the generation and maintenance of immunological memory. The immune system can remember previously encountered pathogens, and memory B and T cells are critical in secondary responses to infection. Studies in mice have helped to understand how different memory B cell populations are generated following antigen exposure and how affinity for the antigen is determinant to B cell fate... upon re-exposure to an antigen the memory recall response will be faster, stronger, and more specific than a naïve response. Protective memory depends first on circulating antibodies secreted by LLPCs. When these are not sufficient for immediate pathogen neutralization and elimination, memory B cells are recalled.”</p>
<p>57) SARS-CoV-2 specific memory B-cells from individuals with diverse disease severities recognize SARS-CoV-2 variants of concern, Lyski, 2021</p>	<p>“Examined the magnitude, breadth, and durability of SARS-CoV-2 specific antibodies in two distinct B-cell compartments: long-lived plasma cell-derived antibodies in the plasma, and peripheral memory B-cells along with their associated antibody profiles elicited after <i>in vitro</i> stimulation. We found that magnitude varied amongst individuals, but was the highest in hospitalized subjects. Variants of concern (VoC) -RBD-reactive antibodies were found in the plasma of 72% of samples in this investigation, and VoC-RBD-reactive memory B-cells were found in all but 1 subject at a single time-point. This finding, that VoC-RBD-reactive MBCs are present in the peripheral blood of all subjects including those that experienced asymptomatic or mild disease, provides a reason for optimism regarding the capacity of vaccination, prior infection, and/or both, to limit disease severity and transmission of variants of concern as they continue to arise and circulate.”</p>

<p>58) Exposure to SARS-CoV-2 generates T-cell memory in the absence of a detectable viral infection, Wang, 2021</p>	<p>“T-cell immunity is important for recovery from COVID-19 and provides heightened immunity for re-infection. However, little is known about the SARS-CoV-2-specific T-cell immunity in virus-exposed individuals...report virus-specific CD4⁺ and CD8⁺ T-cell memory in recovered COVID-19 patients and close contacts...close contacts are able to gain T-cell immunity against SARS-CoV-2 despite lacking a detectable infection.”</p>
<p>59) CD8+ T-Cell Responses in COVID-19 Convalescent Individuals Target Conserved Epitopes From Multiple Prominent SARS-CoV-2 Circulating Variants, Redd, 2021and Lee, 2021</p>	<p>“The CD4 and CD8 responses generated after natural infection are equally robust, showing activity against multiple “epitopes” (little segments) of the spike protein of the virus. For instance, CD8 cells responds to 52 epitopes and CD4 cells respond to 57 epitopes across the spike protein, so that a few mutations in the variants cannot knock out such a robust and in-breadth T cell response...only 1 mutation found in Beta variant-spike overlapped with a previously identified epitope (1/52), suggesting that virtually all anti-SARS-CoV-2 CD8+ T-cell responses should recognize these newly described variants.”</p>
<p>60) Exposure to common cold coronaviruses can teach the immune system to recognize SARS-CoV-2,La Jolla, Crotty and Sette, 2020</p>	<p>“Exposure to common cold coronaviruses can teach the immune system to recognize SARS-CoV-2”</p>
<p>61) Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans, Mateus, 2020</p>	<p>“Found that the pre-existing reactivity against SARS-CoV-2 comes from memory T cells and that cross-reactive T cells can specifically recognize a SARS-CoV-2 epitope as well as the homologous epitope from a common cold coronavirus. These findings underline the importance of determining the impacts of pre-existing immune memory in COVID-19 disease severity.”</p>
<p>62) Longitudinal observation of antibody responses for</p>	<p>“Better understanding of antibody responses against SARS-CoV-2 after natural infection might provide valuable insights into the future</p>

14 months after SARS-CoV-2 infection, Dehgani-Mobaraki, 2021	implementation of vaccination policies . Longitudinal analysis of IgG antibody titers was carried out in 32 recovered COVID-19 patients based in the Umbria region of Italy for 14 months after Mild and Moderately-Severe infection...study findings are consistent with recent studies reporting antibody persistency suggesting that induced SARS-CoV-2 immunity through natural infection, might be very efficacious against re-infection (>90%) and could persist for more than six months. Our study followed up patients up to 14 months demonstrating the presence of anti-S-RBD IgG in 96.8% of recovered COVID-19 subjects.”
63) Humoral and circulating follicular helper T cell responses in recovered patients with COVID-19, Juno, 2020	“Characterized humoral and circulating follicular helper T cell (cTFH) immunity against spike in recovered patients with coronavirus disease 2019 (COVID-19). We found that S-specific antibodies, memory B cells and cTFH are consistently elicited after SARS-CoV-2 infection, demarking robust humoral immunity and positively associated with plasma neutralizing activity.”
64) Convergent antibody responses to SARS-CoV-2 in convalescent individuals, Robbiani, 2020	“149 COVID-19-convalescent individuals...antibody sequencing revealed the expansion of clones of RBD-specific memory B cells that expressed closely related antibodies in different individuals. Despite low plasma titres, antibodies to three distinct epitopes on the RBD neutralized the virus with half-maximal inhibitory concentrations (IC ₅₀ values) as low as 2 ng ml ⁻¹ .”
65) Rapid generation of durable B cell memory to SARS-CoV-2 spike and nucleocapsid proteins in COVID-19 and convalescence, Hartley, 2020	“COVID-19 patients rapidly generate B cell memory to both the spike and nucleocapsid antigens following SARS-CoV-2 infection...RBD- and NCP-specific IgG and Bmem cells were detected in all 25 patients with a history of COVID-19.”
66) Had COVID? You'll probably make antibodies for	“People who recover from mild COVID-19 have bone-marrow cells that can churn out antibodies for decades...the study provides

a lifetime, Callaway, 2021	evidence that immunity triggered by SARS-CoV-2 infection will be extraordinarily long-lasting.”
67) A majority of uninfected adults show preexisting antibody reactivity against SARS-CoV-2, Majdoubi, 2021	In greater Vancouver Canada, “using a highly sensitive multiplex assay and positive/negative thresholds established in infants in whom maternal antibodies have waned, we determined that more than 90% of uninfected adults showed antibody reactivity against the spike protein, receptor-binding domain (RBD), N-terminal domain (NTD), or the nucleocapsid (N) protein from SARS-CoV-2.”
68) SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19, Braun, 2020 Presence of SARS-CoV-2-reactive T cells in COVID-19 patients and healthy donors, Braun, 2020	“The results indicate that spike-protein cross-reactive T cells are present, which were probably generated during previous encounters with endemic coronaviruses.” “The presence of pre-existing SARS-CoV-2-reactive T cells in a subset of SARS-CoV-2 naïve HD is of high interest.”
69) Naturally enhanced neutralizing breadth against SARS-CoV-2 one year after infection, Wang, 2021	“A cohort of 63 individuals who have recovered from COVID-19 assessed at 1.3, 6.2 and 12 months after SARS-CoV-2 infection...the data suggest that immunity in convalescent individuals will be very long lasting.”
70) One Year after Mild COVID-19: The Majority of Patients Maintain Specific Immunity, But One in Four Still Suffer from Long-Term Symptoms, Rank, 2021	“Long-lasting immunological memory against SARS-CoV-2 after mild COVID-19... activation-induced marker assays identified specific T-helper cells and central memory T-cells in 80% of participants at a 12-month follow-up.”
71) IDSA, 2021	“Immune responses to SARS-CoV-2 following natural infection can persist for at least 11 months... natural infection (as determined by a prior positive antibody or PCR-test result) can confer protection against SARS-CoV-2 infection.”

<p>72) Assessment of protection against reinfection with SARS-CoV-2 among 4 million PCR-tested individuals in Denmark in 2020: a population-level observational study, Holm Hansen, 2021</p>	<p>Denmark, “during the first surge (ie, before June, 2020), 533 381 people were tested, of whom 11 727 (2·20%) were PCR positive, and 525 339 were eligible for follow-up in the second surge, of whom 11 068 (2·11%) had tested positive during the first surge. Among eligible PCR-positive individuals from the first surge of the epidemic, 72 (0·65% [95% CI 0·51–0·82]) tested positive again during the second surge compared with 16 819 (3·27% [3·22–3·32]) of 514 271 who tested negative during the first surge (adjusted RR 0·195 [95% CI 0·155–0·246]).”</p>
<p>73) Antigen-Specific Adaptive Immunity to SARS-CoV-2 in Acute COVID-19 and Associations with Age and Disease Severity, Moderbacher, 2020</p>	<p>“Adaptive immune responses limit COVID-19 disease severity... multiple coordinated arms of adaptive immunity control better than partial responses...completed a combined examination of all three branches of adaptive immunity at the level of SARS-CoV-2-specific CD4⁺ and CD8⁺ T cell and neutralizing antibody responses in acute and convalescent subjects. SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells were each associated with milder disease. Coordinated SARS-CoV-2-specific adaptive immune responses were associated with milder disease, suggesting roles for both CD4⁺ and CD8⁺ T cells in protective immunity in COVID-19.”</p>
<p>74) Detection of SARS-CoV-2-Specific Humoral and Cellular Immunity in COVID-19 Convalescent Individuals, Ni, 2020</p>	<p>“Collected blood from COVID-19 patients who have recently become virus-free, and therefore were discharged, and detected SARS-CoV-2-specific humoral and cellular immunity in eight newly discharged patients. Follow-up analysis on another cohort of six patients 2 weeks post discharge also revealed high titers of immunoglobulin G (IgG) antibodies. In all 14 patients tested, 13 displayed serum-neutralizing activities in a pseudotype entry assay. Notably, there was a strong correlation between neutralization antibody titers and the numbers of virus-specific T cells.”</p>
<p>75) Robust SARS-CoV-2-specific T-cell immunity is</p>	<p>“Analysed the magnitude and phenotype of the SARS-CoV-2 cellular immune response in 100 donors at six months following primary</p>

<p>maintained at 6 months following primary infection, Zuo, 2020</p>	<p>infection and related this to the profile of antibody level against spike, nucleoprotein and RBD over the previous six months. T-cell immune responses to SARS-CoV-2 were present by ELISPOT and/or ICS analysis in all donors and are characterised by predominant CD4+ T cell responses with strong IL-2 cytokine expression... functional SARS-CoV-2-specific T-cell responses are retained at six months following infection.”</p>
<p>76) Negligible impact of SARS-CoV-2 variants on CD4⁺ and CD8⁺ T cell reactivity in COVID-19 exposed donors and vaccinees, Tarke, 2021</p>	<p>“Performed a comprehensive analysis of SARS-CoV-2-specific CD4+ and CD8+ T cell responses from COVID-19 convalescent subjects recognizing the ancestral strain, compared to variant lineages B.1.1.7, B.1.351, P.1, and CAL.20C as well as recipients of the Moderna (mRNA-1273) or Pfizer/BioNTech (BNT162b2) COVID-19 vaccines... the sequences of the vast majority of SARS-CoV-2 T cell epitopes are not affected by the mutations found in the variants analyzed. Overall, the results demonstrate that CD4+ and CD8+ T cell responses in convalescent COVID-19 subjects or COVID-19 mRNA vaccinees are not substantially affected by mutations.”</p>
<p>77) A 1 to 1000 SARS-CoV-2 reinfection proportion in members of a large healthcare provider in Israel: a preliminary report, Perez, 2021</p>	<p>Israel, “out of 149,735 individuals with a documented positive PCR test between March 2020 and January 2021, 154 had two positive PCR tests at least 100 days apart, reflecting a reinfection proportion of 1 per 1000.”</p>
<p>78) Persistence and decay of human antibody responses to the receptor binding domain of SARS-CoV-2 spike protein in COVID-19 patients, Iyer, 2020</p>	<p>“Measured plasma and/or serum antibody responses to the receptor-binding domain (RBD) of the spike (S) protein of SARS-CoV-2 in 343 North American patients infected with SARS-CoV-2 (of which 93% required hospitalization) up to 122 days after symptom onset and compared them to responses in 1548 individuals whose blood samples were obtained prior to the pandemic...IgG antibodies persisted at detectable levels in patients beyond 90 days after symptom onset, and seroreversion was only observed in a small</p>

	percentage of individuals. The concentration of these anti-RBD IgG antibodies was also highly correlated with pseudovirus NAb titers, which also demonstrated minimal decay. The observation that IgG and neutralizing antibody responses persist is encouraging, and suggests the development of robust systemic immune memory in individuals with severe infection.”
79) A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States, Alfego, 2021	“To track population-based SARS-CoV-2 antibody seropositivity duration across the United States using observational data from a national clinical laboratory registry of patients tested by nucleic acid amplification (NAAT) and serologic assays... specimens from 39,086 individuals with confirmed positive COVID-19...both S and N SARS-CoV-2 antibody results offer an encouraging view of how long humans may have protective antibodies against COVID-19, with curve smoothing showing population seropositivity reaching 90% within three weeks, regardless of whether the assay detects N or S-antibodies. Most importantly, this level of seropositivity was sustained with little decay through ten months after initial positive PCR.”
80) What are the roles of antibodies versus a durable, high- quality T-cell response in protective immunity against SARS-CoV-2? Hellerstein, 2020	“Progress in laboratory markers for SARS-CoV2 has been made with identification of epitopes on CD4 and CD8 T-cells in convalescent blood. These are much less dominated by spike protein than in previous coronavirus infections. Although most vaccine candidates are focusing on spike protein as antigen, natural infection by SARS-CoV-2 induces broad epitope coverage, cross-reactive with other betacoronviruses.”
81) Broad and strong memory CD4 ⁺ and CD8 ⁺ T cells induced by SARS-CoV-2 in UK convalescent COVID-19 patients, Peng, 2020	“Study of 42 patients following recovery from COVID-19, including 28 mild and 14 severe cases, comparing their T cell responses to those of 16 control donors...found the breadth, magnitude and frequency of memory T cell responses from COVID-19 were significantly higher in severe compared to mild COVID-19 cases, and this effect was most marked in response to spike, membrane, and ORF3a proteins...total

	<p>and spike-specific T cell responses correlated with the anti-Spike, anti-Receptor Binding Domain (RBD) as well as anti-Nucleoprotein (NP) endpoint antibody titre...furthermore showed a higher ratio of SARS-CoV-2-specific CD8⁺ to CD4⁺ T cell responses...</p> <p>immunodominant epitope clusters and peptides containing T cell epitopes identified in this study will provide critical tools to study the role of virus-specific T cells in control and resolution of SARS-CoV-2 infections.”</p>
82) Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19, Sekine, 2020	<p>“SARS-CoV-2-specific memory T cells will likely prove critical for long-term immune protection against COVID-19...mapped the functional and phenotypic landscape of SARS-CoV-2-specific T cell responses in unexposed individuals, exposed family members, and individuals with acute or convalescent COVID-19...collective dataset shows that SARS-CoV-2 elicits broadly directed and functionally replete memory T cell responses, suggesting that natural exposure or infection may prevent recurrent episodes of severe COVID-19.”</p>
83) Potent SARS-CoV-2-Specific T Cell Immunity and Low Anaphylatoxin Levels Correlate With Mild Disease Progression in COVID-19 Patients, Lafron, 2021	<p>“Provide a full picture of cellular and humoral immune responses of COVID-19 patients and prove that robust polyfunctional CD8⁺ T cell responses concomitant with low anaphylatoxin levels correlate with mild infections.”</p>
84) SARS-CoV-2 T-cell epitopes define heterologous and COVID-19 induced T-cell recognition, Nelde, 2020	<p>“The first work identifying and characterizing SARS-CoV-2-specific and cross-reactive HLA class I and HLA-DR T-cell epitopes in SARS-CoV-2 convalescents (n = 180) as well as unexposed individuals (n = 185) and confirming their relevance for immunity and COVID-19 disease course...cross-reactive SARS-CoV-2 T-cell epitopes revealed pre-existing T-cell responses in 81% of unexposed individuals, and validation of similarity to common cold human coronaviruses provided a functional basis for postulated heterologous immunity in SARS-CoV-2 infection...intensity of T-cell responses and recognition</p>

	rate of T-cell epitopes was significantly higher in the convalescent donors compared to unexposed individuals, suggesting that not only expansion, but also diversity spread of SARS-CoV-2 T-cell responses occur upon active infection.”
85) Karl Friston: up to 80% not even susceptible to Covid-19, Sayers, 2020	“Results have just been published of a study suggesting that 40%-60% of people who have not been exposed to coronavirus have resistance at the T-cell level from other similar coronaviruses like the common cold...the true portion of people who are not even susceptible to Covid-19 may be as high as 80%.”
86) CD8 ⁺ T cells specific for an immunodominant SARS-CoV-2 nucleocapsid epitope cross-react with selective seasonal coronaviruses, Lineburg, 2021	“Screening of SARS-CoV-2 peptide pools revealed that the nucleocapsid (N) protein induced an immunodominant response in HLA-B7 ⁺ COVID-19-recovered individuals that was also detectable in unexposed donors...the basis of selective T cell cross-reactivity for an immunodominant SARS-CoV-2 epitope and its homologs from seasonal coronaviruses, suggesting long-lasting protective immunity.”
87) SARS-CoV-2 genome-wide mapping of CD8 T cell recognition reveals strong immunodominance and substantial CD8 T cell activation in COVID-19 patients, Saini, 2020	“COVID-19 patients showed strong T cell responses, with up to 25% of all CD8 ⁺ lymphocytes specific to SARS-CoV-2-derived immunodominant epitopes, derived from ORF1 (open reading frame 1), ORF3, and Nucleocapsid (N) protein. A strong signature of T cell activation was observed in COVID-19 patients, while no T cell activation was seen in the ‘non-exposed’ and ‘high exposure risk’ healthy donors.”
88) Equivalency of Protection from Natural Immunity in COVID-19 Recovered Versus Fully Vaccinated Persons: A Systematic Review and Pooled Analysis, Shenai, 2021	“Systematic review and pooled analysis of clinical studies to date, that (1) specifically compare the protection of natural immunity in the COVID-recovered versus the efficacy of full vaccination in the COVID-naive, and (2) the added benefit of vaccination in the COVID-recovered, for prevention of subsequent SARS-CoV-2 infection...review demonstrates that natural immunity in COVID-recovered individuals is, at least, equivalent to the protection afforded by full

	vaccination of COVID-naïve populations. There is a modest and incremental relative benefit to vaccination in COVID-recovered individuals; however, the net benefit is marginal on an absolute basis.”
89) ChAdOx1nCoV-19 effectiveness during an unprecedented surge in SARS CoV-2 infections, Satwik, 2021	“The third key finding is that previous infections with SARS-CoV-2 were significantly protective against all studied outcomes, with an effectiveness of 93% (87 to 96%) seen against symptomatic infections, 89% (57 to 97%) against moderate to severe disease and 85% (-9 to 98%) against supplemental oxygen therapy. All deaths occurred in previously uninfected individuals. This was higher protection than that offered by single or double dose vaccine.”
90) SARS-CoV-2 specific T cells and antibodies in COVID-19 protection: a prospective study, Molodtsov, 2021	“Explore the impact of T cells and to quantify the protective levels of the immune responses...5,340 Moscow residents were evaluated for the antibody and cellular immune responses to SARS-CoV-2 and monitored for COVID-19 up to 300 days. The antibody and cellular responses were tightly interconnected, their magnitude inversely correlated with infection probability. Similar maximal level of protection was reached by individuals positive for both types of responses and by individuals with antibodies alone...T cells in the absence of antibodies provided an intermediate level of protection.”
91) Anti- SARS-CoV-2 Receptor Binding Domain Antibody Evolution after mRNA Vaccination, Cho, 2021	“SARS-CoV-2 infection produces B-cell responses that continue to evolve for at least one year. During that time, memory B cells express increasingly broad and potent antibodies that are resistant to mutations found in variants of concern.”
92) Seven-month kinetics of SARS-CoV-2 antibodies and role of pre-existing antibodies to human coronaviruses, Ortega, 2021	“Impact of pre-existing antibodies to human coronaviruses causing common cold (HCoVs), is essential to understand protective immunity to COVID-19 and devise effective surveillance strategies... after the peak response, anti-spike antibody levels increase from ~150 days post-symptom onset in all individuals (73% for IgG), in the absence of any evidence of re-exposure. IgG and IgA to HCoV are

	significantly higher in asymptomatic than symptomatic seropositive individuals. Thus, pre-existing cross-reactive HCoVs antibodies could have a protective effect against SARS-CoV-2 infection and COVID-19 disease.”
93) Immunodominant T-cell epitopes from the SARS-CoV-2 spike antigen reveal robust pre-existing T-cell immunity in unexposed individuals, Mahajan, 2021	“Findings suggest that SARS-CoV-2 reactive T-cells are likely to be present in many individuals because of prior exposure to flu and CMV viruses.”
94) Neutralizing Antibody Responses to Severe Acute Respiratory Syndrome Coronavirus 2 in Coronavirus Disease 2019 Inpatients and Convalescent Patients, Wang, 2020	“117 blood samples were collected from 70 COVID-19 inpatients and convalescent patients...the neutralizing antibodies were detected even at the early stage of disease, and a significant response was shown in convalescent patients.”
95) Not just antibodies: B cells and T cells mediate immunity to COVID-19, Cox, 2020	“Reports that antibodies to SARS-CoV-2 are not maintained in the serum following recovery from the virus have caused alarm...the absence of specific antibodies in the serum does not necessarily mean an absence of immune memory.”
96) T cell immunity to SARS-CoV-2 following natural infection and vaccination, DiPiazza, 2020	“Although T cell durability to SARS-CoV-2 remains to be determined, current data and past experience from human infection with other CoVs demonstrate the potential for persistence and the capacity to control viral replication and host disease, and importance in vaccine-induced protection.”
97) Durable SARS-CoV-2 B cell immunity after mild or severe disease, Ogega, 2021	“Multiple studies have shown loss of severe acute respiratory syndrome coronavirus 2-specific (SARS-CoV-2-specific) antibodies over time after infection, raising concern that humoral immunity against the virus is not durable. If immunity wanes quickly, millions of

	<p>people may be at risk for reinfection after recovery from coronavirus disease 2019 (COVID-19). However, memory B cells (MBCs) could provide durable humoral immunity even if serum neutralizing antibody titers decline... data indicate that most SARS-CoV-2-infected individuals develop S-RBD-specific, class-switched rMBCs that resemble germinal center-derived B cells induced by effective vaccination against other pathogens, providing evidence for durable B cell-mediated immunity against SARS-CoV-2 after mild or severe disease.”</p>
<p>98) Memory T cell responses targeting the SARS coronavirus persist up to 11 years post-infection., Ng, 2016</p>	<p>“All memory T cell responses detected target the SARS-Co-V structural proteins... these responses were found to persist up to 11 years post-infection... knowledge of the persistence of SARS-specific cellular immunity targeting the viral structural proteins in SARS-recovered individuals is important.”</p>
<p>99) Adaptive immunity to SARS-CoV-2 and COVID-19, Sette, 2021</p>	<p>“The adaptive immune system is important for control of most viral infections. The three fundamental components of the adaptive immune system are B cells (the source of antibodies), CD4+ T cells, and CD8+ T cells... a picture has begun to emerge that reveals that CD4+ T cells, CD8+ T cells, and neutralizing antibodies all contribute to control of SARS-CoV-2 in both non-hospitalized and hospitalized cases of COVID-19.”</p>
<p>100) Early induction of functional SARS-CoV-2-specific T cells associates with rapid viral clearance and mild disease in COVID-19 patients, Tan, 2021</p>	<p>“These findings provide support for the prognostic value of early functional SARS-CoV-2-specific T cells with important implications in vaccine design and immune monitoring.”</p>
<p>101) SARS-CoV-2-specific CD8⁺ T cell responses in</p>	<p>“A multiplexed peptide-MHC tetramer approach was used to screen 408 SARS-CoV-2 candidate epitopes for CD8⁺ T cell recognition in a cross-sectional sample of 30 coronavirus disease 2019 convalescent</p>

convalescent COVID-19 individuals, Kared, 2021	individuals...Modelling demonstrated a coordinated and dynamic immune response characterized by a decrease in inflammation, increase in neutralizing antibody titer, and differentiation of a specific CD8 ⁺ T cell response. Overall, T cells exhibited distinct differentiation into stem cell and transitional memory states (subsets), which may be key to developing durable protection.”
102) S Protein-Reactive IgG and Memory B Cell Production after Human SARS-CoV-2 Infection Includes Broad Reactivity to the S2 Subunit, Nguyen-Contant, 2021	“Most importantly, we demonstrate that infection generates both IgG and IgG MBCs against the novel receptor binding domain and the conserved S2 subunit of the SARS-CoV-2 spike protein. Thus, even if antibody levels wane, long-lived MBCs remain to mediate rapid antibody production. Our study results also suggest that SARS-CoV-2 infection strengthens pre-existing broad coronavirus protection through S2-reactive antibody and MBC formation.”
103) Persistence of Antibody and Cellular Immune Responses in Coronavirus Disease 2019 Patients Over Nine Months After Infection, Yao, 2021	“A cross-sectional study to assess the virus-specific antibody and memory T and B cell responses in coronavirus disease 2019 (COVID-19) patients up to 343 days after infection...found that approximately 90% of patients still have detectable immunoglobulin (Ig)G antibodies against spike and nucleocapsid proteins and neutralizing antibodies against pseudovirus, whereas ~60% of patients had detectable IgG antibodies against receptor-binding domain and surrogate virus-neutralizing antibodies...SARS-CoV-2-specific IgG+ memory B cell and interferon-γ-secreting T cell responses were detectable in more than 70% of patients...coronavirus 2-specific immune memory response persists in most patients approximately 1 year after infection, which provides a promising sign for prevention from reinfection and vaccination strategy.”
104) Naturally Acquired SARS-CoV-2 Immunity Persists for Up to 11 Months Following Infection, De Giorgi, 2021	“A prospective, longitudinal analysis of COVID-19 convalescent plasma donors at multiple time points over an 11-month period to determine how circulating antibody levels change over time following natural infection... data suggest that immunological

	memory is acquired in most individuals infected with SARS-CoV-2 and is sustained in a majority of patients.”
105) Decreasing Seroprevalence of Measles Antibodies after Vaccination – Possible Gap in Measles Protection in Adults in the Czech Republic, Smetana, 2017	<p>“A long-term high rate of seropositivity persists after natural measles infection. By contrast, it decreases over time after vaccination.</p> <p>Similarly, the concentrations of antibodies in persons with measles history persist for a longer time at a higher level than in vaccinated persons.”</p>
106) Broadly cross-reactive antibodies dominate the human B cell response against 2009 pandemic H1N1 influenza virus infection, Wrammert, 2011	<p>“The expansion of these rare types of memory B cells may explain why most people did not become severely ill, even in the absence of pre-existing protective antibody titers”...found “extraordinarily” powerful antibodies in the blood of nine people who caught the swine flu naturally and recovered from it.”...unlike antibodies elicited by annual influenza vaccinations, most neutralizing antibodies induced by pandemic H1N1 infection were broadly cross-reactive against epitopes in the hemagglutinin (HA) stalk and head domain of multiple influenza strains. The antibodies were from cells that had undergone extensive affinity maturation.”</p>
107) Reinfection With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in Patients Undergoing Serial Laboratory Testing, Qureshi, 2021	<p>“Reinfection was identified in 0.7% (n = 63, 95% confidence interval [CI]: .5%–.9%) during follow-up of 9119 patients with SARS-CoV-2 infection.”</p>
108) Distinct antibody and memory B cell responses in SARS-CoV-2 naïve and recovered individuals	<p>“Interrogated antibody and antigen-specific memory B cells over time in 33 SARS-CoV-2 naïve and 11 SARS-CoV-2 recovered subjects... In SARS-CoV-2 recovered individuals, antibody and memory B cell responses were significantly boosted after the first vaccine dose; however, there was no increase in circulating antibodies, neutralizing</p>

following mRNA vaccination, Goel, 2021	titers, or antigen-specific memory B cells after the second dose. This robust boosting after the first vaccine dose strongly correlated with levels of pre-existing memory B cells in recovered individuals, identifying a key role for memory B cells in mounting recall responses to SARS-CoV-2 antigens.”
109) Covid-19: Do many people have pre-existing immunity? Doshi, 2020	“Six studies have reported T cell reactivity against SARS-CoV-2 in 20% to 50% of people with no known exposure to the virus... in a study of donor blood specimens obtained in the US between 2015 and 2018, 50% displayed various forms of T cell reactivity to SARS-CoV-2... Researchers are also confident that they have made solid inroads into ascertaining the origins of the immune responses. “Our hypothesis, of course, was that it’s so called ‘common cold’ coronaviruses, because they’re closely related...we have really shown that this is a true immune memory and it is derived in part from common cold viruses.”
110) Pre-existing and <i>de novo</i> humoral immunity to SARS-CoV-2 in humans, Ng, 2020	“We demonstrate the presence of pre-existing humoral immunity in uninfected and unexposed humans to the new coronavirus. SARS-CoV-2 S-reactive antibodies were readily detectable by a sensitive flow cytometry-based method in SARS-CoV-2-uninfected individuals and were particularly prevalent in children and adolescents.”
111) Phenotype of SARS-CoV-2-specific T-cells in COVID-19 patients with acute respiratory distress syndrome, Weiskopf, 2020	“We detected SARS-CoV-2-specific CD4 ⁺ and CD8 ⁺ T cells in 100% and 80% of COVID-19 patients, respectively. We also detected low levels of SARS-CoV-2-reactive T-cells in 20% of the healthy controls, not previously exposed to SARS-CoV-2 and indicative of cross-reactivity due to infection with ‘common cold’ coronaviruses.”
112) Pre-existing immunity to SARS-CoV-2: the knowns and unknowns, Sette, 2020	“T cell reactivity against SARS-CoV-2 was observed in unexposed people...it is speculated that this reflects T cell memory to circulating ‘common cold’ coronaviruses.”
113) Pre-existing immunity against swine-origin H1N1	“Memory T-cell immunity against S-OIV is present in the adult population and that such memory is of similar magnitude as the pre-

influenza viruses in the general human population, Greenbaum, 2009	existing memory against seasonal H1N1 influenza...the conservation of a large fraction of T-cell epitopes suggests that the severity of an S-OIV infection, as far as it is determined by susceptibility of the virus to immune attack, would not differ much from that of seasonal flu.”
114) Cellular immune correlates of protection against symptomatic pandemic influenza, Sridhar, 2013	“The 2009 H1N1 pandemic (pH1N1) provided a unique natural experiment to determine whether cross-reactive cellular immunity limits symptomatic illness in antibody-naïve individuals... Higher frequencies of pre-existing T cells to conserved CD8 epitopes were found in individuals who developed less severe illness, with total symptom score having the strongest inverse correlation with the frequency of interferon- γ (IFN- γ)(+) interleukin-2 (IL-2)(-) CD8(+) T cells ($r = -0.6$, $P = 0.004$)... CD8(+) T cells specific to conserved viral epitopes correlated with cross-protection against symptomatic influenza.”
115) Preexisting influenza-specific CD4+ T cells correlate with disease protection against influenza challenge in humans, Wilkinson, 2012	“Precise role of T cells in human influenza immunity is uncertain. We conducted influenza infection studies in healthy volunteers with no detectable antibodies to the challenge viruses H3N2 or H1N1... mapped T cell responses to influenza before and during infection... found a large increase in influenza-specific T cell responses by day 7, when virus was completely cleared from nasal samples and serum antibodies were still undetectable. Pre-existing CD4+, but not CD8+, T cells responding to influenza internal proteins were associated with lower virus shedding and less severe illness. These CD4+ cells also responded to pandemic H1N1 (A/CA/07/2009) peptides and showed evidence of cytotoxic activity.”
116) Serum cross-reactive antibody response to a novel influenza A (H1N1) virus after vaccination with seasonal influenza vaccine, CDC, MMWR, 2009	“No increase in cross-reactive antibody response to the novel influenza A (H1N1) virus was observed among adults aged >60 years. These data suggest that receipt of recent (2005–2009) seasonal influenza vaccines is unlikely to elicit a protective antibody response to the novel influenza A (H1N1) virus.”

117) No one is naive: the significance of heterologous T-cell immunity, Welsh, 2002	“Memory T cells that are specific for one virus can become activated during infection with an unrelated heterologous virus, and might have roles in protective immunity and immunopathology. The course of each infection is influenced by the T-cell memory pool that has been laid down by a host’s history of previous infections, and with each successive infection, T-cell memory to previously encountered agents is modified.”
118) Intrafamilial Exposure to SARS-CoV-2 Induces Cellular Immune Response without Seroconversion, Gallais, 2020	“Individuals belonging to households with an index COVID-19 patient, reported symptoms of COVID-19 but discrepant serology results... All index patients recovered from a mild COVID-19. They all developed anti-SARS-CoV-2 antibodies and a significant T cell response detectable up to 69 days after symptom onset. Six of the eight contacts reported COVID-19 symptoms within 1 to 7 days after the index patients but all were SARS-CoV-2 seronegative... exposure to SARS-CoV-2 can induce virus-specific T cell responses without seroconversion. T cell responses may be more sensitive indicators of SARS-Co-V-2 exposure than antibodies...results indicate that epidemiological data relying only on the detection of SARS-CoV-2 antibodies may lead to a substantial underestimation of prior exposure to the virus.”
119) Protective immunity after recovery from SARS-CoV-2 infection, Kojima, 2021	“It important to note that antibodies are incomplete predictors of protection. After vaccination or infection, many mechanisms of immunity exist within an individual not only at the antibody level, but also at the level of cellular immunity. It is known that SARS-CoV-2 infection induces specific and durable T-cell immunity, which has multiple SARS-CoV-2 spike protein targets (or epitopes) as well as other SARS-CoV-2 protein targets. The broad diversity of T-cell viral recognition serves to enhance protection to SARS-CoV-2 variants, with recognition of at least the alpha (B.1.1.7), beta (B.1.351), and gamma (P.1) variants of SARS-CoV-2. Researchers have also found that people who recovered from SARS-CoV infection in 2002–03

	continue to have memory T cells that are reactive to SARS-CoV proteins 17 years after that outbreak. Additionally, a memory B-cell response to SARS-CoV-2 evolves between 1·3 and 6·2 months after infection, which is consistent with longer-term protection.”
120) This ‘super antibody’ for COVID fights off multiple coronaviruses, Kwon, 2021	“This ‘super antibody’ for COVID fights off multiple coronaviruses...12 antibodies...that was involved in the study, isolated from people who had been infected with either SARS-CoV-2 or its close relative SARS-CoV.”
121) SARS-CoV-2 infection induces sustained humoral immune responses in convalescent patients following symptomatic COVID-19, Wu, 2020	“Taken together, our data indicate sustained humoral immunity in recovered patients who suffer from symptomatic COVID-19, suggesting prolonged immunity.”
122) Evidence for sustained mucosal and systemic antibody responses to SARS-CoV-2 antigens in COVID-19 patients, Isho, 2020	“Whereas anti-CoV-2 IgA antibodies rapidly decayed, IgG antibodies remained relatively stable up to 115 days PSO in both biofluids. Importantly, IgG responses in saliva and serum were correlated, suggesting that antibodies in the saliva may serve as a surrogate measure of systemic immunity.”
123) The T-cell response to SARS-CoV-2: kinetic and quantitative aspects and the case for their protective role, Bertoletti, 2021	“Early appearance, multi-specificity and functionality of SARS-CoV-2-specific T cells are associated with accelerated viral clearance and with protection from severe COVID-19.”
124) The longitudinal kinetics of antibodies in COVID-19 recovered patients over 14 months, Eyran, 2020	“Found a significantly faster decay in naïve vaccinees compared to recovered patients suggesting that the serological memory following natural infection is more robust compared to vaccination. Our data highlights the differences between serological memory induced by natural infection vs. vaccination.”

<p>125) Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance, Lan, 2021</p>	<p>“Followed a population of urban Massachusetts HCWs...we found no re-infection among those with prior COVID-19, contributing to 74,557 re-infection-free person-days, adding to the evidence base for the robustness of naturally acquired immunity.”</p>
<p>126) Immunity to COVID-19 in India through vaccination and natural infection, Sarraf, 2021</p>	<p>“Compared the vaccination induced immune response profile with that of natural infection, evaluating thereby if individuals infected during the first wave retained virus specific immunity...the overall immune response resulting from natural infection in and around Kolkata is not only to a certain degree better than that generated by vaccination, especially in the case of the Delta variant, but cell mediated immunity to SARS-CoV-2 also lasts for at least ten months after the viral infection.”</p>
<p>127) Asymptomatic or mild symptomatic SARS-CoV-2 infection elicits durable neutralizing antibody responses in children and adolescents, Garrido, 2021</p>	<p>“Evaluated humoral immune responses in 69 children and adolescents with asymptomatic or mild symptomatic SARS-CoV-2 infection. We detected robust IgM, IgG, and IgA antibody responses to a broad array of SARS-CoV-2 antigens at the time of acute infection and 2 and 4 months after acute infection in all participants. Notably, these antibody responses were associated with virus-neutralizing activity that was still detectable 4 months after acute infection in 94% of children. Moreover, antibody responses and neutralizing activity in sera from children and adolescents were comparable or superior to those observed in sera from 24 adults with mild symptomatic infection. Taken together, these findings indicate that children and adolescents with mild or asymptomatic SARS-CoV-2 infection generate robust and durable humoral immune responses that can likely contribute to protection from reinfection.”</p>
<p>128) T cell response to SARS-CoV-2 infection in humans: A systematic review, Shrotri, 2021</p>	<p>“Symptomatic adult COVID-19 cases consistently show peripheral T cell lymphopenia, which positively correlates with increased disease severity, duration of RNA positivity, and non-survival; while asymptomatic and paediatric cases display preserved counts. People</p>

	<p>with severe or critical disease generally develop more robust, virus-specific T cell responses. T cell memory and effector function has been demonstrated against multiple viral epitopes, and, cross-reactive T cell responses have been demonstrated in unexposed and uninfected adults, but the significance for protection and susceptibility, respectively, remains unclear.”</p>
<p>129) Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections, Abu-Raddad, 2021</p>	<p>“Reinfections had 90% lower odds of resulting in hospitalization or death than primary infections. Four reinfections were severe enough to lead to acute care hospitalization. None led to hospitalization in an ICU, and none ended in death. Reinfections were rare and were generally mild, perhaps because of the primed immune system after primary infection.”</p>
<p>130) Assessment of the Risk of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Reinfection in an Intense Re-exposure Setting, Abu-Raddad, 2021</p>	<p>“SARS-CoV-2 reinfection can occur but is a rare phenomenon suggestive of protective immunity against reinfection that lasts for at least a few months post primary infection.”</p>
<p>131) Increased risk of infection with SARS-CoV-2 Beta, Gamma, and Delta variant compared to Alpha variant in vaccinated individuals, Andeweg, 2021</p>	<p>“Analyzed 28,578 sequenced SARS-CoV-2 samples from individuals with known immune status obtained through national community testing in the Netherlands from March to August 2021. They found evidence for an “increased risk of infection by the Beta (B.1.351), Gamma (P.1), or Delta (B.1.617.2) variants compared to the Alpha (B.1.1.7) variant after vaccination. No clear differences were found between vaccines. However, the effect was larger in the first 14-59 days after complete vaccination compared to 60 days and longer. In contrast to vaccine-induced immunity, no increased risk for reinfection with Beta, Gamma or Delta variants relative to Alpha variant was found in individuals with infection-induced immunity.”</p>
<p>132) Prior COVID-19 protects</p>	<p>“Studies did not address whether prior infection is protective in the</p>

<p>against reinfection, even in the absence of detectable antibodies, Breathnach, 2021</p>	<p>absence of a detectable humoral immune response. Patients with primary or secondary antibody deficiency syndrome and reduced or absent B cells can recover from COVID-19...Although there have been few mechanistic studies, preliminary data show that such individuals generate striking T-cell immune responses against SARS-CoV-2 peptide pools...SARS-CoV-2 specific T cell immune responses but not neutralising antibodies are associated with reduced disease severity suggesting the immune system may have considerable redundancy or compensation following COVID-19...our results add to the emerging evidence that detectable serum antibody may be an incomplete marker of protection against reinfection. This could have implications for public health and policy-making, for example if using seroprevalence data to assess population immunity, or if serum antibody levels were to be taken as official evidence of immunity – a minority of truly immune patients have no detectable antibody and could be disadvantaged as a result. Our findings highlight the need for further studies of immune correlates of protection from infection with SARS-CoV-2, which may in turn enhance development of effective vaccines and treatments.”</p>
<p>133) Natural infection vs vaccination: Which gives more protection?, Rosenberg, 2021</p>	<p>“With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID...By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave.”</p>
<p>134) Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in</p>	<p>“Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts.”</p>

the UK: a prospective, longitudinal, cohort study, Singanayagam, 2021	
135) Antibodies elicited by mRNA-1273 vaccination bind more broadly to the receptor binding domain than do those from SARS-CoV-2 infection, Greaney, 2021	<p>“The neutralizing activity of vaccine-elicited antibodies was more targeted to the receptor-binding domain (RBD) of the SARS-CoV-2 spike protein compared to antibodies elicited by natural infection. However, within the RBD, binding of vaccine-elicited antibodies was more broadly distributed across epitopes compared to infection-elicited antibodies. This greater binding breadth means that single RBD mutations have less impact on neutralization by vaccine sera compared to convalescent sera. Therefore, antibody immunity acquired by natural infection or different modes of vaccination may have a differing susceptibility to erosion by SARS-CoV-2 evolution.”</p>
136) Antigen-Specific Adaptive Immunity to SARS-CoV-2 in Acute COVID-19 and Associations with Age and Disease Severity, Moderbacher, 2020	<p>“Limited knowledge is available on the relationship between antigen-specific immune responses and COVID-19 disease severity. We completed a combined examination of all three branches of adaptive immunity at the level of SARS-CoV-2-specific CD4+ and CD8+ T cell and neutralizing antibody responses in acute and convalescent subjects. SARS-CoV-2-specific CD4+ and CD8+ T cells were each associated with milder disease. Coordinated SARS-CoV-2-specific adaptive immune responses were associated with milder disease, suggesting roles for both CD4+ and CD8+ T cells in protective immunity in COVID-19. Notably, coordination of SARS-CoV-2 antigen-specific responses was disrupted in individuals ≥ 65 years old. Scarcity of naive T cells was also associated with aging and poor disease outcomes. A parsimonious explanation is that coordinated CD4+ T cell, CD8+ T cell, and antibody responses are protective, but uncoordinated responses frequently fail to control disease, with a connection between aging and impaired adaptive immune responses to SARS-CoV-2.”</p>
137) Protection and waning of	<p>“Protection from reinfection decreases with time since previous</p>

natural and hybrid COVID-19 immunity, Goldberg, 2021	infection, but is, nevertheless, higher than that conferred by vaccination with two doses at a similar time since the last immunity-conferring event.”
138) A Systematic Review of the Protective Effect of Prior SARS-CoV-2 Infection on Repeat Infection, Kojima, 202	“The protective effect of prior SARS-CoV-2 infection on re-infection is high and similar to the protective effect of vaccination.”
139) High-affinity memory B cells induced by SARS-CoV-2 infection produce more plasmablasts and atypical memory B cells than those primed by mRNA vaccines, Pape, 2021	“Compare SARS-CoV-2 spike receptor binding domain (S1-RBD)-specific primary MBCs that form in response to infection or a single mRNA vaccination. Both primary MBC populations have similar frequencies in the blood and respond to a second S1-RBD exposure by rapidly producing plasmablasts with an abundant immunoglobulin (Ig)A+ subset and secondary MBCs that are mostly IgG+ and cross-react with the B.1.351 variant. However, infection-induced primary MBCs have better antigen-binding capacity and generate more plasmablasts and secondary MBCs of the classical and atypical subsets than do vaccine-induced primary MBCs. Our results suggest that infection-induced primary MBCs have undergone more affinity maturation than vaccine-induced primary MBCs and produce more robust secondary responses.”
140) Differential antibody dynamics to SARS-CoV-2 infection and vaccination, Chen, 2021	“Optimal immune responses furnish long-lasting (durable) antibodies protective across dynamically mutating viral variants (broad). To assess robustness of mRNA vaccine-induced immunity...compared antibody durability and breadth after SARS-CoV-2 infection and vaccination...While vaccination delivered robust initial virus-specific antibodies with some cross-variant coverage, pre-variant SARS-CoV-2 infection-induced antibodies, while modest in magnitude, showed highly stable long-term antibody dynamics...Differential antibody durability trajectories favored COVID-19-recovered subjects with dual memory B cell features of greater early antibody somatic mutation and cross-coronavirus reactivity...illuminating an infection-mediated

	antibody breadth advantage and an anti-SARS-CoV-2 antibody durability-enhancing function conferred by recalled immunity.”
141) Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection , Dowell, 2022	<p>“Compare antibody and cellular immunity in children (aged 3-11 years) and adults. Antibody responses against spike protein were high in children and seroconversion boosted responses against seasonal Beta-coronaviruses through cross-recognition of the S2 domain. Neutralization of viral variants was comparable between children and adults. Spike-specific T cell responses were more than twice as high in children and were also detected in many seronegative children, indicating pre-existing cross-reactive responses to seasonal coronaviruses. Importantly, children retained antibody and cellular responses 6 months after infection, whereas relative waning occurred in adults. Spike-specific responses were also broadly stable beyond 12 months. Therefore, children generate robust, cross-reactive and sustained immune responses to SARS-CoV-2 with focused specificity for the spike protein. These findings provide insight into the relative clinical protection that occurs in most children and might help to guide the design of pediatric vaccination regimens.”</p>
142) Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections , Abu-Raddad, 2021	<p>Abu-Raddad et al. has recently published on the severity of SARS-CoV-2 reinfections as compared with primary infections. They reported that in earlier studies, they assessed the efficacy of previous natural infection “as protection against reinfection with SARS-CoV-2 as being 85% or greater. Accordingly, for a person who has already had a primary infection, the risk of having a severe reinfection is only approximately 1% of the risk of a previously uninfected person having a severe primary infection...Reinfections had 90% lower odds of resulting in hospitalization or death than primary infections. Four reinfections were severe enough to lead to acute care hospitalization. None led to hospitalization in an ICU, and none ended in death. Reinfections were rare and were generally mild, perhaps because of the primed immune system after primary infection.”</p>

<p>143) SARS-CoV-2 spike T cell responses induced upon vaccination or infection remain robust against Omicron, Keeton, 2021</p>	<p>“Assessed the ability of T cells to react with Omicron spike in participants who were vaccinated with Ad26.CoV2.S or BNT162b2, and in unvaccinated convalescent COVID-19 patients (n = 70). We found that 70-80% of the CD4 and CD8 T cell response to spike was maintained across study groups. Moreover, the magnitude of Omicron cross-reactive T cells was similar to that of the Beta and Delta variants, despite Omicron harbouring considerably more mutations. Additionally, in Omicron-infected hospitalized patients (n = 19), there were comparable T cell responses to ancestral spike, nucleocapsid and membrane proteins to those found in patients hospitalized in previous waves dominated by the ancestral, Beta or Delta variants (n = 49). These results demonstrate that despite Omicron’s extensive mutations and reduced susceptibility to neutralizing antibodies, the majority of T cell response, induced by vaccination or natural infection, cross-recognises the variant. Well-preserved T cell immunity to Omicron is likely to contribute to protection from severe COVID-19, supporting early clinical observations from South Africa.”</p>
<p>144) Pre-existing immunity against swine-origin H1N1 influenza viruses in the general human population, Greenbaum, 2009</p>	<p>“69% (54/78) of the epitopes recognized by CD8+ T cells are completely invariant. We further demonstrate experimentally that some memory T-cell immunity against S-OIV is present in the adult population and that such memory is of similar magnitude as the pre-existing memory against seasonal H1N1 influenza. Because protection from infection is antibody mediated, a new vaccine based on the specific S-OIV HA and NA proteins is likely to be required to prevent infection. However, T cells are known to blunt disease severity. Therefore, the conservation of a large fraction of T-cell epitopes suggests that the severity of an S-OIV infection, as far as it is determined by susceptibility of the virus to immune attack, would not differ much from that of seasonal flu. These results are consistent with reports about disease incidence, severity, and mortality rates associated with human S-OIV...overall, 49% of the epitopes reported</p>

	<p>in the literature and present in recently circulating seasonal H1N1 are also found totally conserved in S-OIV. Interestingly, the number of conserved epitopes varied greatly as a function of the class of epitopes considered. Although only 31% of the B-cell epitopes were conserved, 41% of the CD4+ and 69% of the CD8+ T-cell epitopes were conserved. It is known that cross-reactive T-cell immune responses can exist even between serologically distinct influenza A strains (14, 15). Based on this observation and the data presented above, we hypothesized that it is possible that immune memory responses against S-OIV exist in the adult population, at the level of both B and T cells.”</p>
<p>145) Protection afforded by prior infection against SARS-CoV-2 reinfection with the Omicron, variant, Altarawneh, 2021</p>	<p>“<i>PES</i> against symptomatic reinfection was estimated at 90.2% (95% CI: 60.2-97.6) for Alpha, 84.8% (95% CI: 74.5-91.0) for Beta, 92.0% (95% CI: 87.9-94.7) for Delta, and 56.0% (95% CI: 50.6-60.9) for Omicron. Only 1 Alpha, 2 Beta, 0 Delta, and 2 Omicron reinfections progressed to severe COVID-19. None progressed to critical or fatal COVID-19. <i>PES</i> against hospitalization or death due to reinfection was estimated at 69.4% (95% CI: -143.6-96.2) for Alpha, 88.0% (95% CI: 50.7-97.1) for Beta, 100% (95% CI: 43.3-99.8) for Delta, and 87.8% (95% CI: 47.5-97.1) for Omicron.”</p>
<p>146) Cross-reactive memory T cells associate with protection against SARS-CoV-2 infection in COVID-19 contacts, Kundu, 2022</p>	<p>“Observe higher frequencies of cross-reactive ($p=0.0139$), and nucleocapsid-specific ($p=0.0355$) IL-2-secreting memory T cells in contacts who remained PCR-negative despite exposure ($n=26$), when compared with those who convert to PCR-positive ($n=26$); no significant difference in the frequency of responses to spike is observed, hinting at a limited protective function of spike-cross-reactive T cells. Our results are thus consistent with pre-existing non-spike cross-reactive memory T cells protecting SARS-CoV-2-naïve contacts from infection, thereby supporting the inclusion of non-spike antigens in second-generation vaccines.”</p>

<p>147) Long-Term Persistence of IgG Antibodies in recovered COVID-19 individuals at 18 months and the impact of two-dose BNT162b2 (Pfizer-BioNTech) mRNA vaccination on the antibody response, Dehgani-Mobaraki, 2021</p>	<p>“At 18 months, 97% participants tested positive for anti-NCP hinting towards the persistence of infection-induced immunity even for the vaccinated individuals.”</p> <p>“Enrolled 412 adults mostly with mild or moderate disease course. At each study visit, subjects donated peripheral blood for testing of anti-SARS-CoV-2 IgG antibodies and IFN-γ release after SARS-CoV-2 S-protein stimulation. Anti-SARS-CoV-2 IgG antibodies were identified in 316/412 (76.7%) of the patients and 215/412 (52.2%) had positive neutralizing antibody levels. Likewise, in 274/412 (66.5 %) positive IFN-γ release and IgG antibodies were detected. With respect to time after infection, both IgG antibody levels and IFN-γ concentrations decreased by about half within three hundred days. Statistically, IgG and IFN-γ production were closely associated, but on an individual basis we observed patients with high antibody titres but low IFN-γ levels and vice versa. Our data suggest that immunological reaction is acquired in most individuals after infection with SARS-CoV-2 and is sustained in the majority of patients for at least 10 months after infection.”</p>
<p>148) Long-term course of humoral and cellular immune responses in outpatients after SARS-CoV-2 infection, Schiffner, 2021</p>	<p>“Enrolled 412 adults mostly with mild or moderate disease course. At each study visit, subjects donated peripheral blood for testing of anti-SARS-CoV-2 IgG antibodies and IFN-γ release after SARS-CoV-2 S-protein stimulation. Anti-SARS-CoV-2 IgG antibodies were identified in 316/412 (76.7%) of the patients and 215/412 (52.2%) had positive neutralizing antibody levels. Likewise, in 274/412 (66.5 %) positive IFN-γ release and IgG antibodies were detected. With respect to time after infection, both IgG antibody levels and IFN-γ concentrations decreased by about half within three hundred days. Statistically, IgG</p>

	<p>and IFN-γ production were closely associated, but on an individual basis we observed patients with high antibody titres but low IFN-γ levels and vice versa. Our data suggest that immunological reaction is acquired in most individuals after infection with SARS-CoV-2 and is sustained in the majority of patients for at least 10 months after infection.”</p>
<p>149) COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021, Leon, 2022</p>	<p>“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.”</p>
<p>150) Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by</p>	<p>“In this cross-sectional study of unvaccinated US adults, antibodies were detected in 99% of individuals who reported a positive COVID-19 test result, in 55% who believed they had COVID-19 but were never tested, and in 11% who believed they had never had COVID-19 infection. Anti-RBD levels were observed after a positive COVID-19</p>

History of COVID-19, Alejo,
2022

test result up to 20 months, extending previous 6-month durability
data

Author



Paul Elias Alexander

Dr. Paul Alexander is an epidemiologist focusing on clinical epidemiology, evidence-based medicine, and research methodology. He has a bachelor's in epidemiology from McMaster University, and a master's degree from Oxford University. He earned his PhD from McMaster's Department of Health Research Methods, Evidence, and Impact. Paul is a former WHO Consultant and Senior Advisor to US Department of HHS in 2020 for the COVID-19 response.

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Natural immunity gets another boost from two new U.S. studies



Natural immunity gets another boost from two new U.S. studies

Clark County Today News



CDC and Johns Hopkins studies show strength and duration of natural immunity protection

Two newly released studies show the power of natural immunity following recovery from COVID-19 sickness. The Centers for Disease Control and Prevention (CDC) says "previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection." Johns Hopkins found that natural immunity developed from prior variants reduced the risk of infection with the Omicron variant.

Natural immunity was six times stronger during the Delta wave than vaccination, according to one [news report](https://www.msn.com/en-us/health/medical/cdc-report-natural-immunity-stronger-than-vaccines-alone-during-delta-wave/ar-AAT1mfC) (<https://www.msn.com/en-us/health/medical/cdc-report-natural-immunity-stronger-than-vaccines-alone-during-delta-wave/ar-AAT1mfC>), about the CDC study. The report published Jan. 19 analyzed COVID outcome data from New York and California, which make up about one in six of the nation's total COVID deaths. "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," the CDC said.

Dr. Benjamin Silk of the CDC [told the media](https://www.cnn.com/2022/01/19/health/covid-vaccine-infection-protection-cdc-study/index.html) (<https://www.cnn.com/2022/01/19/health/covid-vaccine-infection-protection-cdc-study/index.html>) last week, "Before the Delta variant, COVID-19 vaccination resulted in better protection against a subsequent infection than surviving a previous infection."

"When looking at the summer and the fall of 2021, when Delta became the dominant in this country, however, surviving a previous infection now provided greater protection against subsequent infection than vaccination," he added.

Omicron has become the focus of the pandemic as Washington state and the nation enter the third year of battling multiple variants of the SARS-CoV2 coronavirus. Until this past week, Omicron accounted for nearly all the new cases detected in the state. Early reports seemed to indicate it ignores both vaccine immunity and natural immunity.

← Tweet



Marty Makary MD, MPH
@MartyMakary

...

The pandemic of the unvaccinated is a misnomer. It's a pandemic of the non-immune. More precisely, it's a series of regional outbreaks in select pockets of the country with low population immunity. Same take-home message though: If you're not immune, get immune by getting vaxed.

4:03 PM · Jul 29, 2021 · Twitter Web App

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Johns Hopkins Dr. Marty Makary says this is a pandemic of the non-immune. A new Johns Hopkins study shows natural immunity following recovery from COVID sickness is stronger and lasts longer than vaccine immunity. Tweet by Marty Makary

Clark County Public Health reports 72,239 total cases since the pandemic began. This means all those who have recovered now have natural immunity and protection. The two new natural immunity studies should boost public discussion regarding vaccine mandates by Gov. Jay Inslee.

This impacts citizen discussions about children in schools with or without vaccines. It also impacts the mini i (<https://www.clarkcountytoday.com/news/effort-to-prohibit-vaccine-mandates-in-clark-county-advances-with-submitting-of-mini-initiative-petition/>) (<https://www.clarkcountytoday.com/news/effort-to-prohibit-vaccine-mandates-in-clark-county-advances-with-submitting-of-mini-initiative-petition/>) initiative petition (<https://www.clarkcountytoday.com/news/effort-to-prohibit-vaccine-mandates-in-clark-county-advances-with-submitting-of-mini-initiative-petition/>) the Clark County Council will consider. Should there be mandates when natural immunity provides protection as good if not better than vaccines alone?

The new CDC report was concluded before Omicron arrived on the scene. "After two years of accruing data, the superiority of natural immunity over vaccinated immunity is clear," writes (https://www.wsj.com/articles/the-high-cost-of-disparaging-natural-immunity-to-covid-vaccine-mandates-protests-fire-rehire-employment-11643214336?mod=Searchresults_pos2&page=1) Dr. Marty Makary. He is a surgeon and public policy researcher at Johns Hopkins University.

Last week, the CDC released data (https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s_cid=mm7104e1_w) which 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, according to Makary.

One of the arguments that public health officials have used to discount natural immunity, is they claim they don't know how long it lasts. Makary noted the U.S. is one of the few countries that ignores natural immunity. The NIH has \$42 billion in resources, but has refused to study it.

"You could do the study with about 100 people," Makary told Brian Kilmeade (<https://radio.foxnews.com/2022/01/26/dr-marty-makary-time-to-reinstate-medical-workers-fired-over-the-vaccine-mandate/>). "You just invite people who were infected in New York two

years ago and test their blood.”

Dr. Makary and his colleagues at Johns Hopkins therefore did their own study (<https://www.hopkinsmedicine.org/news/newsroom/news-releases/in-covid-19-vaccinated-people-those-with-prior-infection-likely-to-have-more-antibodies>). “We found that among 295 unvaccinated people who previously had COVID, antibodies were present in 99.9 percent of them up to nearly two years after infection. We also found that natural immunity developed from prior variants reduced the risk of infection with the Omicron variant,” he reports.

“We found that immunity was strong, nearly two years out from the infection,”he said. “So it is now settled science. Natural immunity is durable and effective for as long as the infection has been around.”

Omicron is likely to go through the entire U.S. population. Makary noted that Dr. Fauci said everybody will get it. “If Omicron is nature’s vaccine for those who have not had access to or been eligible for vaccine, what are we doing immunizing those already immune?” A booster shot offers only a modest and temporary benefit.

The World Health Organization reported natural immunity following recovery from COVID-19 sickness is more robust and longer lasting than vaccine immunity. The WHO study showed cellular immunity elicited by natural infection also targets other viral proteins, which last across multiple variants rather than targeting just the spike protein. Graphic courtesy of World Health Organization

Ali Mokdad, an epidemiologist at the University of Washington’s Institute for Health Metrics and Evaluation, said (<https://www.washingtonpost.com/health/2022/01/15/living-with-the-virus/>) he believes about half of the U.S. population will be infected with Omicron during the next three months, with most cases being asymptomatic.

The CDC found (<https://ijr.com/cdc-study-natural-immunity-significantly-protection-covid/>) COVID-19 rates among the vaccinated with no previous infection were 6.2 times lower in California and 4.5 times lower in ⁵⁷New York than among the unvaccinated with no previous infection.

However, among the unvaccinated with a previous infection, the COVID-19 rate was 29 times ³lower in California and 14.7 times lower in New York.

The individuals most protected against infection were those who had previously had COVID-19 and were also vaccinated. Their infection rate was 32.5 times lower in California and 19.8 times lower in New York.

The CDC study and the Johns Hopkins study confirm what more than 100 other studies on natural immunity have found, Makary emphasized: “The immune system works,” he said. The largest of these studies, from Israel (<https://www.clarkcountytoday.com/news/israeli-study-shows-natural-immunity-delivers-13-times-more-protection-than-covid-vaccines/>), found that natural immunity was 27 times as effective as vaccinated immunity in preventing symptomatic illness.

Last September, Heidi Wetzler (<https://www.clarkcountytoday.com/opinion/opinion-why-arent-we-celebrating-the-naturally-immune/>) highlighted doctors from the St. Elizabeth Healthcare System in Ohio submitted a compelling letter (<https://www.clarkcountytoday.com/wp-content/uploads/2021/09/522723090-St-Elizabeth-Doctors-Against-Mandate.pdf>) to their administration logically and completely outlining their concerns with vaccine mandates. Their very first point states that “Natural immunity is at least equal to and likely superior to vaccine immunity, yet this has not been a part of the discussion for unclear reasons. A majority of healthcare providers in our system are declining the vaccine due to prior infection and already having sufficient immunity to COVID-19.”

Wetzler shared those who had SARS-CoV-1 in 2002-2003 were still found to be immune 17 years later, and those who survived the influenza pandemic of 1918 were still immune to the H1N1 outbreak in 2009-2010 a stunning 92 years later.

Researchers followed more than 52,000 Cleveland Clinic employees for five months in 2021. More than 1,300 of those employees already had a documented COVID infection and did not get vaccinated.

The study (<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2>) released last June, found none of them were re-infected during the five months they were monitored. They concluded those with laboratory-confirmed symptomatic COVID infection are unlikely to benefit from vaccination, and vaccines can be safely prioritized to those who have not been infected before.



The orange line corresponds to people who've been previously infected but not vaccinated; the yellow line to those who've been previously infected and vaccinated; and the green line to those who've been vaccinated but not previously infected. The y-axis gives the percentage reduction in the number of infections, compared to those who haven't been vaccinated or previously infected. For example, a value of 90 percent means there would be only 10 infections for every 100 in the comparison group. The x-axis gives the number of days since the relevant event. Graphic courtesy of Danish Study — Statens Serum Institute

A Danish study

(<https://files.ssi.dk/covid19/gennembrudsinfektion/rapport/gennembrudsinfektion-covid19-uge49-2021-ji88>) published in December confirms that natural immunity protects better against infection than the vaccines. It shows vaccine-induced immunity wanes rapidly, beginning a few weeks after vaccination. At the five-month mark, protection is well below 50 percent. Natural immunity, by contrast, is robust: a full year after infection, protection is still above 70 percent.

The study shows hybrid immunity – conferred by the combination of vaccination and previous infection – is slightly better than natural immunity. However, the difference is small compared to that between natural and vaccine-induced immunity.

“While those who've already had Covid should be perfectly free to get vaccinated, there's no obvious need for them to do so,” said Noah Carl of [The Daily Sceptic](https://alethonews.com/2021/12/16/danish-study-confirms-that-natural-immunity-protects-better-against-infection-than-the-vaccines/) (<https://alethonews.com/2021/12/16/danish-study-confirms-that-natural-immunity-protects-better-against-infection-than-the-vaccines/>). “The tricky part may be getting this message through to politicians.”

A May 2021 statement (https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Natural_immunity-2021.1) from the World Health Organization made the following points.

- Within 4 weeks following infection, 90-99 percent of individuals infected with the SARS-CoV-2 virus develop detectable neutralizing antibodies.
- The strength and duration of the immune responses to SARS-CoV-2 are not completely understood and currently available data suggests that it varies by age and the severity of symptoms. **Available scientific data suggests that in most people immune responses remain robust and protective against reinfection for at least 6-8 months after infection** (the longest follow up with strong scientific evidence is currently approximately 8 months). (Emphasis added)
- Some variant SARS-CoV-2 viruses with key changes in the spike protein have a reduced susceptibility to neutralization by antibodies in the blood. While neutralizing antibodies mainly target the spike protein, **cellular immunity elicited by natural infection also target other viral proteins, which tend to be more conserved across variants than the spike protein.** (Emphasis added)
- The ability of emerging virus variants (variants of interest and variants of concern) to evade immune responses is under investigation by researchers around the world.

“Public-health officials have a lot of explaining to do. They used the wrong starting hypothesis, ignored contrary preliminary data, and dug in as more evidence emerged that called their position into question,” Makary writes in his column.

“Many clinicians who talk to other physicians nationwide have long observed that we don't see reinfected patients end up on a ventilator or die from Covid, with rare exceptions who almost always have immune disorders.”

He was asked if there was a ⁵⁷variation in the strength of the immunity in the Johns Hopkins study. According to Makary, “99 percent of these subjects we studied had antibody levels that were almost as effective and consistent as they had in the earliest time of their recovery,” he said.



Essentially 100 percent of new infections now are Omicron, he noted. The data shows it is less dangerous than influenza, according to Makary.

A 3.8 percent increase in protection

Kilmeade asked if you were vaccinated, and then you had COVID or you got the virus and then got vaccinated, does that double your immunity?

"It increases it by 3.8 percent," Makary responded. "So hybrid immunity is more effective. But remember, the vaccine gives you almost a sugar high of antibodies that will wear off in terms of its protection against getting the infection. Your protection against hospitalization and severe disease is still solid with vaccinated or natural immunity."

"We're really not seeing new vaccinations at this point," he said. Makary believes people are so hardened by what they see as excessive government policies, they're probably not going to get vaccinated. Chances are, they have natural immunity.

He also mentioned that "no healthy child has ever died of COVID that we know of."

In South Africa, where officials first sounded the alarm about Omicron, the government in December eased protocols. They are betting that previous encounters with the virus have given the population enough immunity to prevent significant levels of severe illness. The Omicron wave there subsided quickly with modest hospitalizations. Scientists think one reason is that so many people — close to 80 percent (<https://www.washingtonpost.com/health/2022/01/15/living-with-the-virus/>) — had previously been infected by earlier variants.

CATO

[https://www.clarkcountytoday.com/news/natural-immunity-gets-another-boost-from-two-new-u-s-studies/\(opens in a new tab\)\(https://www.clarkcountytoday.com/?p=1088333\)](https://www.clarkcountytoday.com/news/natural-immunity-gets-another-boost-from-two-new-u-s-studies/(opens%20in%20a%20new%20tab)(https://www.clarkcountytoday.com/?p=1088333))

Last fall the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) requiring businesses with 100 or more employees to enforce a vaccination-or-testing regime. That has since been overruled by the Supreme Court..

The CATO Institute weighed in, including the following.

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Universal vaccine mandates are irrational in ignoring naturally acquired immunity from infection and recovery, which has come to be referred to as "natural immunity" in public discussion. This single-minded focus on vaccination as the exclusive means to acquiring immunity is largely novel.



*Contrary to conventional belief, states typically do not have “vaccine” requirements for children to attend school or any other purpose; they require **evidence of immunity** to certain viruses, whether through serological testing that evidences the presence of relevant protective antibodies or evidence of prior history “diagnosed or verified by a health care provider.”*

Virtually all countries in the Western world that impose some form of vaccine passport or mandate recognize natural immunity to Covid as qualifying for at least six months post-recovery.

If OSHA had reviewed the medical and scientific literature regarding the relative protective efficacy of natural immunity compared to vaccination, it is unlikely that the agency would be successful in establishing a factual basis for forced vaccination of Covid-recovered individuals. Given the trivial — if any — benefit to either the individual or the public from compelled vaccination of Covid-recovered individuals, that evidence of elevated adverse effects requires an especially high standard of proof by regulators to overcome.

Fighting for those terminated

Makary also spoke about those who have been terminated over refusal to get vaccinated. “By firing staff with natural immunity, employers got rid of those least likely to infect others,” he said. “It’s time to reinstate those employees with an apology.”

He writes in [The High Cost of Disparaging Natural Immunity to Covid](https://www.wsj.com/articles/the-high-cost-of-disparaging-natural-immunity-to-covid-vaccine-mandates-protests-fire-rehire-employment-11643214336?mod=Searchresults_pos2&page=1) (https://www.wsj.com/articles/the-high-cost-of-disparaging-natural-immunity-to-covid-vaccine-mandates-protests-fire-rehire-employment-11643214336?mod=Searchresults_pos2&page=1) that “Public-health officials ruined many lives by insisting that workers with natural immunity to Covid-19 be fired if they weren’t fully vaccinated.”

“It’s time to reinstate American workers who were fired under the vaccine mandate, for a number of reasons,” he told Kilmeade. “Number one, it was unfair. Number two, we have therapeutics now that really mean no one should be dying of COVID. And number three, it turns out, many of them had natural immunity.”

“The risk of somebody who has natural immunity getting hospitalized is 3 per 10,000,” he said. “That’s identical to the risk of somebody with hybrid immunity, that is a vaccine and natural immunity. So getting the additional vaccination (booster) did nothing to change the numbers of hospitalization. That’s the honest data.”

“When employers fired workers with natural immunity, they got rid of the workers least likely to spread the infection,” he said. “That’s the great irony. The data are now in. It’s clear.”

Makary noted a disconnect in numbers being reported by public health officials. A California study of Omicron cases found only one death among over 52,000 cases. Yet the state is reporting much higher numbers of COVID deaths.



Reported COVID-19 deaths in California have begun to rise rather quickly during the Omicron wave of the pandemic, yet remain far below peak levels reached a year ago. Graphic courtesy San Jose Mercury News

Makary mentioned COVID-19 case numbers showing a steep decline for the past two weeks. In some parts of the country the virus is still peaking and hospitals are going to be strained. The hospitals are not necessarily strained from the influx of patients alone, he noted. "We normally have a massive influx of patients every winter, from a number of respiratory pathogens," he said. "Sometimes it's a bad flu season."

"The difference is this time, we've got a massive staffing shortage," Makary said. "One in five workers in health care have left. If you look at what happened at Washington State, they fired 55 workers from this hospital system called Multicare. They were so short staffed, they told people who tested positive who were working, even if you have COVID come back into work. Even if you have symptoms, we are that short staffed. That's the problem with the staffing crisis that people don't know about."

According to an [internal memo \(https://mynorthwest.com/wp-content/uploads/2022/01/memo-scaled.jpg\)](https://mynorthwest.com/wp-content/uploads/2022/01/memo-scaled.jpg) dated Jan. 6, MultiCare hospitals in the Puget Sound area moved into "crisis levels of staffing." The impetus for the move was the rise in hospital visits, though not all due to COVID.

Consequently, the hospitals modified their return-to-work process, ordering staff "to work even if they are experiencing mild symptoms but are improving." But a MultiCare staffer claimed that unless a staffer has a fever, "they want us coming in." COVID-positive staffers are not required to disclose their status to patients or coworkers.

Makary believes we've got to reinstate all these workers. He noted that 50 to 60 percent of all truck drivers are not vaccinated. We have got to get the country moving, including the supply chain he said.

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"People don't just die of viral replication," he said. "They die of hopelessness, poverty, and all kinds of substance abuse and mental problems. We've been blowing that data off. Those soldiers who were dishonorably discharged need to immediately be reinstated with their rank and back compensation, including restoring that period of lost pension pay."

Omicron behaving like a different virus

Makary spoke to the reality of fighting Omicron. "It's really not COVID; it's acting and behaving like a different virus." He pointed out there's only been one death in 52,000 Omicron cases in the Kaiser Southern California study, which is lower than influenza.

Yet other [news reports \(https://www.mercurynews.com/2022/01/28/california-has-entered-second-highest-covid-death-wave/\)](https://www.mercurynews.com/2022/01/28/california-has-entered-second-highest-covid-death-wave/) indicate Omicron deaths are increasing at a faster pace than during the Delta wave of COVID-19 last summer. As of Thursday, California was averaging 157 new COVID deaths a day. That's more than last summer but less than a year ago.

Over the weekend, one case of natural immunity has been making headlines. A North Carolina man who said a [hospital refused to carry out a kidney transplant \(https://www.foxnews.com/us/north-carolina-man-vaccine-kidney-transplant-denied-rather-die-free\)](https://www.foxnews.com/us/north-carolina-man-vaccine-kidney-transplant-denied-rather-die-free) because he's unvaccinated against COVID-19. He is willing to "die free" rather than comply with their vaccine requirement. He is in need of a kidney transplant due to it operating at 4 percent, requiring him to get dialysis three times a week.

Chad Carswell said he's had the coronavirus twice before and believes getting the vaccine should be a personal choice, not a requirement. Atrium Health Wake Forest Baptist Hospital in Winston-Salem said both the donor and the recipient must be vaccinated.

"The reason it is recommended is to provide protection for the patient. Transplant patients are at high risk for severe illness if they don't have preexisting immunity prior to being transplanted," the hospital said

Carswell has preexisting immunity. The CDC and Johns Hopkins studies show his immunity is likely more robust than if he'd been vaccinated three or more months ago.

As Noah Carl noted in his review of the Danish study, there's no obvious need for people who have recovered from COVID to get vaccinated. "The tricky part may be getting this message through to politicians."

Also read:

[Dr. Robert Malone: 'Time of choosing' for CDC scientists after bombshell NYT report \(https://www.clarkcountytoday.com/news/dr-robert-malone-time-of-choosing-for-cdc-scientists-after-bombshell-nyt-report/\)](https://www.clarkcountytoday.com/news/dr-robert-malone-time-of-choosing-for-cdc-scientists-after-bombshell-nyt-report/)

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['Scientific fraud': Drs. Robert Malone, Ryan Cole react to CDC hiding data \(https://www.clarkcountytoday.com/news/scientific-fraud-drs-robert-malone-ryan-cole-react-to-cdc-hiding-data/\)](https://www.clarkcountytoday.com/news/scientific-fraud-drs-robert-malone-ryan-cole-react-to-cdc-hiding-data/)

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[Opinion: State Board of Health moves closer to mandating COVID-19 vaccine for children \(https://www.clarkcountytoday.com/opinion/opinion-state-board-of-health-moves-closer-to-mandating-covid-19-vaccine-for-children/\)](https://www.clarkcountytoday.com/opinion/opinion-state-board-of-health-moves-closer-to-mandating-covid-19-vaccine-for-children/)

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February 22, 2022

Elizabeth Hovde of the Washington Policy Center discusses the push toward mandating a COVID-19 vaccine for students.



Government buries COVID data because it's 'misinterpreted' by 'anti-vaxxers'
(<https://www.clarkcountytoday.com/news/government-buries-covid-data-because-its-misinterpreted-by-anti-vaxxers/>)

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February 21, 2022

Stats indicate vaccinated MORE likely to get COVID-19 than unvaccinated.

Excess deaths climb at significant rate during pandemic
(<https://www.clarkcountytoday.com/news/excess-deaths-climb-at-significant-rate-during-pandemic/>)

by John Ley

February 21, 2022

How many people have been harmed by mandates or vaccines?

Gov. Jay Inslee announces lifting of most mask mandates March 21
(<https://www.clarkcountytoday.com/news/gov-jay-inslee-announces-lifting-of-most-mask-mandates-march-21/>)

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COVID-19 trends give leaders confidence to look towards next phase of pandemic response

State AG rules doctors can prescribe ivermectin, hydroxychloroquine
(<https://www.clarkcountytoday.com/news/state-ag-rules-doctors-can-prescribe-ivermectin-hydroxychloroquine/>)

by ClarkCountyToday.com

February 17, 2022

Asked to provide a legal opinion on hospitals in the state banning doctors from prescribing certain treatments for COVID-19, South Carolina Attorney General Alan Wilson concluded doctors have the authority to prescribe drugs for the disease "off-label," such as ivermectin and hydroxychloroquine.

Opinion: State officials consider mandating COVID vaccines for child care and school children
(<https://www.clarkcountytoday.com/opinion/opinion-state-officials-consider-mandating-covid-vaccines-for-child-care-and-school-children/>)

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February 14, 2022

Elizabeth Hovde of the Washington Policy Center questions whether the State Board of Health has the authority to mandate a COVID vaccine for children.

'Health nightmare': Dr. Robert Malone spotlights study on mRNA spike protein
(<https://www.clarkcountytoday.com/news/health-nightmare-dr-robert-malone-spotlights-study-on-mrna-spike-protein/>)

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February 14, 2022

'Criminal' that public is only now learning about impact of COVID vaccines.

Opinion: Last mask standing? As other states return to normal, no end date yet for Washington's indoor mask mandate
(<https://www.clarkcountytoday.com/opinion/opinion-last-mask-standing-as-other-states-return-to-normal-no-end-date-yet-for-washingtons-indoor-mask-mandate/>)

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February 11, 2022

Elizabeth Hovde of the Washington Policy Center calls on Gov. Jay Inslee to announce Washington's mask-free day.

**There is local treatment
for Covid-19.**
ClarkCovidHelp.com



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THE NUREMBERG CODE

Permissible Medical Experiments

The great weight of the evidence before us is to the 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, 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 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 probably 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.

Of the ten principles which have been enumerated our judicial concern, of course, is with those requirements which are purely legal in nature — or which at least are so clearly related to matters legal that they assist us in determining criminal culpability and punishment. To go beyond that point would lead us into a field that would be beyond our sphere of competence. However, the point need not be labored. We find from the evidence that in the medical experiments which have been proved, these ten principles were much more frequently honored in their breach than in their observance. Many of the concentration camp inmates who were the victims of these atrocities were citizens of countries other than the German Reich. They were non-German nationals, including Jews and "asocial persons", both prisoners of war and civilians, who had been imprisoned and forced to submit to these tortures and barbarities without so much as a semblance of trial. In every single instance appearing in the record, subjects were used who did not consent to the experiments; indeed, as to some of the experiments, it is not even contended by the defendants that the subjects occupied the status of volunteers. In no case was the experimental subject at liberty of his own free choice to withdraw from any experiment. In many cases experiments were performed by unqualified persons; were conducted at random for no adequate scientific reason, and under revolting physical conditions. All of the experiments were conducted with unnecessary suffering and injury and but very little, if any, precautions were taken to protect or safeguard the human subjects from the possibilities of injury, disability, or death. In every one of the experiments the subjects experienced extreme pain or torture, and in most of them they suffered permanent injury, mutilation, or death, either as a direct result of the experiments or because of lack of adequate follow-up care.

Obviously all of these experiments involving brutalities, tortures, disabling injury, and death were performed in complete disregard of international conventions, the laws and customs of war, the general principles of criminal law as derived from the criminal laws of all civilized nations, and Control Council Law No. 10. Manifestly human experiments under such conditions are contrary to "the principles of the law of nations as they result from the usages established among civilized peoples, from the laws of humanity, and from the dictates of public conscience."

Whether any of the defendants in the dock are guilty of these atrocities is, of course, another question. Under the Anglo-Saxon system of jurisprudence every defendant in a criminal case is presumed to be innocent of an offense charged until the prosecution, by competent, credible proof, has shown his guilt to the exclusion of every reasonable doubt. And this presumption abides with the defendant through each stage of his trial until such degree of proof has been adduced. A "reasonable doubt" as the name implies is one conformable to reason — a doubt which a reasonable man would entertain. Stated differently, it is that state of a case which, after a full and complete comparison and consideration of all the evidence, would leave an unbiased,

unprejudiced, reflective person, charged with the responsibility for decision, in the state of mind that he could not say that he felt an abiding conviction amounting to a moral certainty of the truth of the charge.

If any of the defendants are to be found guilty under counts two or three of the indictment it must be because the evidence has shown beyond a reasonable doubt that such defendant, without regard to nationality or the capacity in which he acted, participated as a principal in, accessory to, ordered, abetted, took a consenting part in, or was connected with plans or enterprises involving the commission of at least some of the medical experiments and other atrocities which are the subject matter of these counts. Under no other circumstances may he be convicted.

Before examining the evidence to which we must look in order to determine individual culpability, a brief statement concerning some of the official agencies of the German Government and Nazi Party which will be referred to in this judgment seems desirable.

Source

THE NUREMBERG CODE [from *Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10*. Nuremberg, October 1946–April 1949. Washington, D.C.: U.S. G.P.O, 1949–1953.]

The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects

The agency has withheld critical data on boosters, hospitalizations and, until recently, wastewater analyses.



By Apoorva Mandavilli

Published Feb. 20, 2022 Updated Feb. 22, 2022

For more than a year, the Centers for Disease Control and Prevention has collected data on hospitalizations for Covid-19 in the United States and broken it down by age, race and vaccination status. But it has not made most of the information public.

When the C.D.C. published the first significant data on the effectiveness of boosters in adults younger than 65 two weeks ago, it left out the numbers for a huge portion of that population: 18- to 49-year-olds, the group least likely to benefit from extra shots, because the first two doses already left them well-protected.

The agency recently debuted a dashboard of wastewater data on its website that will be updated daily and might provide early signals of an oncoming surge of Covid cases. Some states and localities had been sharing wastewater information with the agency since the start of the pandemic, but it had never before released those findings.

Two full years into the pandemic, the agency leading the country's response to the public health emergency has published only a tiny fraction of the data it has collected, several people familiar with the data said.

Much of the withheld information could help state and local health officials better target their efforts to bring the virus under control. Detailed, timely data on hospitalizations by age and race would help health officials identify and help the populations at highest risk. Information on hospitalizations and death by age and vaccination status would have helped inform whether healthy adults needed booster shots. And wastewater surveillance across the nation would spot outbreaks and emerging variants early.

Without the booster data for 18- to 49-year-olds, the outside experts whom federal health agencies look to for advice had to rely on numbers from Israel to make their recommendations on the shots. (After several inquiries from The New York Times about the booster data for that age group, the agency posted it on its website Thursday night.)

Kristen Nordlund, a spokeswoman for the C.D.C., said the agency has been slow to release the different streams of data "because basically, at the end of the day, it's not yet ready for prime time." She said the agency's "priority when gathering any data is to ensure that it's accurate and actionable."

Another reason is fear that the information might be misinterpreted, Ms. Nordlund said.

Dr. Daniel Jernigan, the agency's deputy director for public health science and surveillance said the pandemic exposed the fact that data systems at the C.D.C., and at the state levels, are outmoded and not up to handling large volumes of data. C.D.C. scientists are trying to modernize the systems, he said.

"We want better, faster data that can lead to decision making and actions at all levels of public health, that can help us eliminate the lag in data that has held us back," he added.

The C.D.C. also has multiple bureaucratic divisions that must sign off on important publications, and its officials must alert the Department of Health and Human Services — which oversees the agency — and the White House of their plans. The agency often shares data with states and partners before making data public. Those steps can add delays.

"The C.D.C. is a political organization as much as it is a public health organization," said Samuel Scarpino, managing director of pathogen surveillance at the Rockefeller Foundation's Pandemic Prevention Institute. "The steps that it takes to get something like this released are often well outside of the control of many of the scientists that work at the C.D.C."

The performance of vaccines and boosters, particularly in younger adults, is among the most glaring omissions in data the C.D.C. has made public.

Last year, the agency repeatedly came under fire for not tracking so-called breakthrough infections in vaccinated Americans, and focusing only on individuals who became ill enough to be hospitalized or die. The agency presented that information as risk comparisons with unvaccinated adults, rather than provide timely snapshots of hospitalized patients stratified by age, sex, race and vaccination status.



President Biden joined a virtual meeting with the White House Covid-19 Response Team in December. Cheriss May for The New York Times

But the C.D.C. has been routinely collecting information since the Covid vaccines were first rolled out last year, according to a federal official familiar with the effort. The agency has been reluctant to make those figures public, the official said, because they might be misinterpreted as the vaccines being ineffective.

Ms. Nordlund confirmed that as one of the reasons. Another reason, she said, is that the data represents only 10 percent of the population of the United States. But the C.D.C. has relied on the same level of sampling to track influenza for years.

Some outside public health experts were stunned to hear that information exists.

“We have been begging for that sort of granularity of data for two years,” said Jessica Malaty Rivera, an epidemiologist and part of the team that ran Covid Tracking Project, an independent effort that compiled data on the pandemic till March 2021.

A detailed analysis, she said, “builds public trust, and it paints a much clearer picture of what’s actually going on.”

Concern about the misinterpretation of hospitalization data broken down by vaccination status is not unique to the C.D.C. On Thursday, public health officials in Scotland said they would stop releasing data on Covid hospitalizations and deaths by vaccination status because of similar fears that the figures would be misrepresented by anti-vaccine groups.

But the experts dismissed the potential misuse or misinterpretation of data as an acceptable reason for not releasing it.

“We are at a much greater risk of misinterpreting the data with data vacuums, than sharing the data with proper science, communication and caveats,” Ms. Rivera said.

When the Delta variant caused an outbreak in Massachusetts last summer, the fact that three-quarters of those infected were vaccinated led people to mistakenly conclude that the vaccines were powerless against the virus — validating the C.D.C.’s concerns.

But that could have been avoided if the agency had educated the public from the start that as more people are vaccinated, the percentage of vaccinated people who are infected or hospitalized would also rise, public health experts said.

“Tell the truth, present the data,” said Dr. Paul Offit, a vaccine expert and adviser to the Food and Drug Administration. “I have to believe that there is a way to explain these things so people can understand it.”

Knowing which groups of people were being hospitalized in the United States, which other conditions those patients may have had and how vaccines changed the picture over time would have been invaluable, Dr. Offit said.

Relying on Israeli data to make booster recommendations for Americans was less than ideal, Dr. Offit noted.

“There’s no reason that they should be better at collecting and putting forth data than we were,” Dr. Offit said of Israeli scientists. “The C.D.C. is the principal epidemiological agency in this country, and so you would like to think the data came from them.”

It has also been difficult to find C.D.C. data on the proportion of children hospitalized for Covid who have other medical conditions, said Dr. Yvonne Maldonado, chair of the American Academy of Pediatrics’s Committee on Infectious Diseases.

The academy’s staff asked their partners at the C.D.C. for that information on a call in December, according to a spokeswoman for the A.A.P., and were told it was unavailable.

Ms. Nordlund pointed to data on the agency's website that includes this information, and to multiple published reports on pediatric hospitalizations with information on children who have other health conditions.

The pediatrics academy has repeatedly asked the C.D.C. for an estimate on the contagiousness of a person infected with the coronavirus five days after symptoms begin — but Dr. Maldonado finally got the answer from an article in The New York Times in December.

"They've known this for over a year and a half, right, and they haven't told us," she said. "I mean, you can't find out anything from them."

Experts in wastewater analysis were more understanding of the C.D.C.'s slow pace of making that data public. The C.D.C. has been building the wastewater system since September 2020, and the capacity to present the data over the past few months, Ms. Nordlund said. In the meantime, the C.D.C.'s state partners have had access to the data, she said.

Despite the cautious preparation, the C.D.C. released the wastewater data a week later than planned. The Covid Data Tracker is updated only on Thursdays, and the day before the original release date, the scientists who manage the tracker realized they needed more time to integrate the data.

"It wasn't because the data wasn't ready, it was because the systems and how it physically displayed on the page wasn't working the way that they wanted it to," Ms. Nordlund said.

The C.D.C. has received more than \$1 billion to modernize its systems, which may help pick up the pace, Ms. Nordlund said. "We're working on that," she said.

The agency's public dashboard now has data from 31 states. Eight of those states, including Utah, began sending their figures to the C.D.C. in the fall of 2020. Some relied on scientists volunteering their expertise; others paid private companies. But many others, such as Mississippi, New Mexico and North Dakota, have yet to begin tracking wastewater.

Utah's fledgling program in April 2020 has now grown to cover 88 percent of the state's population, with samples being collected twice a week, according to Nathan LaCross, who manages Utah's wastewater surveillance program.

Wastewater data reflects the presence of the virus in an entire community, so it is not plagued by the privacy concerns attached to medical information that would normally complicate data release, experts said.

"There are a bunch of very important and substantive legal and ethical challenges that don't exist for wastewater data," Dr. Scarpino said. "That lowered bar should certainly mean that data could flow faster."

Tracking wastewater can help identify areas experiencing a high burden of cases early, Dr. LaCross said. That allows officials to better allocate resources like mobile testing teams and testing sites.

Wastewater is also a much faster and more reliable barometer of the spread of the virus than the number of cases or positive tests. Well before the nation became aware of the Delta variant, for example, scientists who track wastewater had seen its rise and alerted the C.D.C., Dr. Scarpino said. They did so in early May, just before the agency famously said vaccinated people could take off their masks.

Even now, the agency is relying on a technique that captures the amount of virus, but not the different variants in the mix, said Mariana Matus, chief executive officer of BioBot Analytics, which specializes in wastewater analysis. That will make it difficult for the agency to spot and respond to outbreaks of new variants in a timely manner, she said.

"It gets really exhausting when you see the private sector working faster than the premier public health agency of the world," Ms. Rivera said.

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Must We Segregate the Unvaccinated from the Vaccinated?

BY PAUL ELIAS ALEXANDER DECEMBER 14, 2021 POLICY, PUBLIC HEALTH, VACCINES 5 MINUTE READ

Governments around the world have encouraged and enforced a new form of segregation based on vaccine status. This is not only dangerously inhumane; there is no scientific basis for this.

There seems to be an underlying presumption here that the unvaccinated are unclean (regardless of [natural immunity](#)) and their presence will spread disease. What if, however, existing studies reveal that there is little to no difference between the COVID vaccinated and unvaccinated in terms of becoming infected, harboring the virus (viral load in the oral and nasopharynx), and transmitting it?

As it relates to Omicron, two recent small but interesting preliminary studies show that 80% of the omicron cases were double vaccinated. [Wilhelm et al.](#) reported on reduced neutralization of SARS-CoV-2 omicron variant by vaccine sera and monoclonal antibodies. “*in vitro* findings using authentic SARS-CoV-2 variants indicate that in contrast to the currently circulating Delta variant, the neutralization efficacy of vaccine-elicited sera against Omicron was severely reduced highlighting T-cell mediated immunity as essential barrier to prevent severe COVID-19.” Further, the [CDC has reported](#) on the details for 43

cases of COVID-19 attributed to the Omicron variant. They found that “34 (79%) occurred in persons who completed the primary series of an FDA-authorized or approved COVID-19 vaccine ≥ 14 days before symptom onset or receipt of a positive SARS-CoV-2 test result.”

As it relates to the vaccinated and unvaccinated being similar in terms of infection, viral load, and transmission capacity, and thus no underlying evidence to separate them societally, we specifically focus on and present (and based largely on Delta variant data) the body of evidence.

1) [Salvatore et al.](#) examined the transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July-August 2021. They found a total of 978 specimens were provided by 95 participants, “of whom 78 (82%) were fully vaccinated and 17 (18%) were not fully vaccinated...clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons.”

2) [Singanayagam et al.](#) examined the transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community. They found that (in 602 community contacts (identified via the UK contact-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20

days) “vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts.”

3) [Chia et al.](#) reported that PCR cycle threshold (Ct) values were “similar between both vaccinated and unvaccinated groups at diagnosis, but viral loads decreased faster in vaccinated individuals. Early, robust boosting of anti-spike protein antibodies was observed in vaccinated patients, however, these titers were significantly lower against B.1.617.2 as compared with the wildtype vaccine strain.”

4) Israel, 2021 looked at [Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection](#), and reported as “To determine the kinetics of SARS-CoV-2 IgG antibodies following administration of two doses of BNT162b2 vaccine, or SARS-CoV-2 infection in unvaccinated individuals...In vaccinated subjects, antibody titers decreased by up to 40% each subsequent month while in convalescents they decreased by less than 5% per month. Six months after BNT162b2 vaccination 16.1% subjects had antibody levels below the seropositivity threshold of <50 AU/mL, while only 10.8% of convalescent patients were below <50 AU/mL threshold after 9 months from SARS-CoV-2 infection.”

5) In the [UK COVID-19 vaccine Surveillance Report for week #42](#), it was noted that there is “waning of the N antibody response over time” and “that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.” The same report (Table 2, page 13), shows that in the older age groups above 30, the double vaccinated persons have greater infection risk than the unvaccinated, presumably because the latter group include more people with stronger natural immunity from prior Covid disease. See also [UK PHE reports 43, 44, 45, 46](#) for similar data.

6) In Barnstable, Massachusetts, [Brown et al.](#) found that among 469 cases of COVID-19, 74% were fully vaccinated, and that “the vaccinated had on average more virus in their nose than the unvaccinated who were infected.”

7) [Riemersma et al.](#) found “no difference in viral loads when comparing unvaccinated individuals to those who have vaccine “breakthrough” infections. Furthermore, individuals with vaccine breakthrough infections frequently test positive with viral loads consistent with the ability to shed infectious viruses.” Results indicate that “if vaccinated individuals become infected with the delta variant, they may be sources of SARS-CoV-2 transmission to others.” They reported “low Ct values (<25) in 212 of 310 fully vaccinated (68%) and 246 of 389 (63%) unvaccinated individuals. Testing a subset of these 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.”

8) Ignoring the risk of infection, given that someone was infected, [Acharya et al.](#) found “no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.”

9) [Gazit et al.](#) out of Israel showed that “SARS-CoV-2-naïve vaccinees had a 13-fold (95% CI, 8-21) increased risk for breakthrough infection with the Delta variant compared to those previously infected.”

Author



Paul Elias Alexander

Dr. Paul Alexander is an epidemiologist focusing on clinical epidemiology, evidence-based medicine, and research methodology. He has a bachelor's in epidemiology from McMaster University, and a master's degree from Oxford University. He earned his PhD from McMaster's Department of Health Research Methods, Evidence, and Impact. Paul is a former WHO Consultant and Senior Advisor to US Department of HHS in 2020 for the COVID-19 response.

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MEDICAL FREEDOM
a second opinion

February 20th-21st

Feb 20 2-3:30pm
Feb 20 4-5:30pm
Feb 21 4-5:30pm
Feb 21 7-8:30pm

Harborview Fellowship Church
4819 Hunt Street NW, Gig Harbor

Dr. Robert Malone inventor of mRNA Technology

Ryan N. Cole, MD Pathologist

COVID-19: A Second Opinion

A Live Event in Gig Harbor, WA

Educate

One Washington presents Dr. Robert Malone and Dr. Ryan Cole to provide "a second opinion" based on their research and understanding regarding COVID-19 medical issues, including the COVID shot(s).

One Washington believes that full information from all perspectives is important for people who are considering (and making) medical decisions. Yet, regarding COVID-19, there has been a major push to promote only one perspective - coupled with an apparent effort to suppress alternate viewpoints - even when those views are expressed by medical and/or scientific experts.

Organize

February 20th & 21st

In an effort to provide additional perspectives, One Washington has arranged for Dr. Malone and Dr. Cole to appear in person on February 20th and 21st in Gig Harbor, Washington to present their perspectives under the title, "a second opinion."

Our first two seminars scheduled for February 20th filled to maximum capacity within hours following our limited local announcement last week. Therefore, Dr. Malone and Dr. Cole have kindly agreed to join us for an additional afternoon & evening as well.

As of the writing of this email, there are now open seats available in both sessions for Monday, February 21st (Presidents Day Holiday).

As soon as session 3 reaches capacity, registration for session 4 will open up.

Activate

We urge you to consider attending this event - and to encourage others to do the same.

Our goal is to educate as many people as possible so that each person is equipped to make personal medical choices with a more complete understanding of the potential benefits and risks of the COVID disease, treatments, and the COVID shot(s).

PS - Please note that One Washington is not "anti-vax." That said, we do stand for medical freedom - it is therefore accurate to report that we are anti-mandate.

Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods

Running title: Myopericarditis after COVID-19 mRNA vaccination

Katie A Sharff MD ^a, David M Dancoes ^b, Jodi L Longueil PharmD ^c, Eric S Johnson PhD ^b, Paul F Lewis MD, MPH^d

^a Department of Infectious Diseases, Kaiser Permanente Northwest, Portland, Oregon; ^b Department of Analytics, Kaiser Permanente Northwest, Portland, Oregon; ^c Division of Pharmacy, Kaiser Permanente Northwest, Portland, Oregon; ^d Department of Pediatrics, Kaiser Permanente Northwest, Portland Oregon

Correspondence: Katie A. Sharff, Kaiser Permanente Northwest, Portland, Oregon, katie.a.sharff@kp.org

Key Points:

- We identified a higher estimate of myopericarditis following COVID-19 mRNA vaccine by searching encounter text description compared with the Vaccine Safety Datalink (VSD) methodology
- An incomplete list of ICD-10 codes and delays in hospital claims data were responsible for the difference
- We estimated a risk of 95.4 cases of myopericarditis per million second doses administered in patients age 12-39 which is higher than the incidence reported to US advisory committees
- We encourage other VSD sites to validate the case ascertainment of current VSD methodology

Abstract:

Purpose:

How completely do hospital discharge diagnoses identify cases of myopericarditis after an mRNA vaccine?

Methods:

We assembled a cohort 12 to 39 years old patients, insured by Kaiser Permanente Northwest, who received at least one dose of an mRNA vaccine (Pfizer-BioNTech or Moderna) between December 2020 and October 2021. We followed them for up to 30 days after their second dose of an mRNA vaccine to identify encounters for myocarditis, pericarditis or myopericarditis. We compared two identification methods: A method that searched all encounter diagnoses using a brief text description (e.g., ICD-10-CM code I40.9 is defined as ‘acute myocarditis, unspecified’). We searched the text description of all inpatient or outpatient encounter diagnoses (in any position) for “myocarditis” or “pericarditis.” The other method was developed by the Centers for Disease Control and Prevention’s Vaccine Safety Datalink (VSD), which searched for emergency department visits or hospitalizations with a select set of discharge ICD-10-CM diagnosis codes. For both methods, two physicians independently reviewed the identified patient records and classified them as confirmed, probable or not cases using the CDC’s case definition.

Results:

The encounter methodology identified 14 distinct patients who met the confirmed or probable CDC case definition for acute myocarditis or pericarditis with an onset within 21 days of receipt of COVID-19 vaccination. Three of these 14 patients had an ICD-10 code of I51.4 "Myocarditis, Unspecified" which was overlooked by the VSD algorithm. The VSD methodology identified 11 patients who met the CDC case definition for acute myocarditis or pericarditis. Seven (64%) of the eleven patients had initial care for myopericarditis outside of a KPNW facility and their diagnosis could not be ascertained by the VSD methodology until claims were submitted (median delay of 33 days; range of 12-195 days). Among those who received a second dose of vaccine (n=146,785), we estimated a risk as 95.4 cases of myopericarditis per million second doses administered (95% CI, 52.1 to 160.0).

Conclusion:

We identified additional valid cases of myopericarditis following an mRNA vaccination that would be missed by the VSD's search algorithm, which depends on select hospital discharge diagnosis codes. The true incidence of myopericarditis is markedly higher than the incidence reported to US advisory committees. The VSD should validate its search algorithm to improve its sensitivity for myopericarditis.

Purpose:

Post-marketing vaccine safety in the US is monitored through the complimentary Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD). VSD has conducted weekly vaccine surveillance known as rapid cycle analysis since the first COVID-19 vaccine was administered in December 2020 to identify rare or serious vaccine related outcomes not identified in clinical trials.(1) This surveillance system looks for serious outcomes associated with 23 pre-specified signals, however the sensitivity of the risk estimates may be limited by only including specific ICD-10 codes, by delays in claims processing when care occurs outside the integrated health system and exclusion of outpatient visits.

Myopericarditis following COVID-19 mRNA vaccination is well reported (2, 3, 4), and the FDA and CDC use VSD analyses of myopericarditis following COVID-19 mRNA vaccination to implement decisions about vaccine policy.

Here we compare the risk of myopericarditis using health record encounter text analysis compared with the VSD rapid cycle analysis methodology from a single integrated health system, Kaiser Permanente Northwest (KPNW), a VSD participant. (1) KPNW represents approximately 7% of the entire VSD population. The purpose of this study was to compare how completely the different methodologies identify post-vaccination myopericarditis.

Methods:

We assembled a cohort of 153,438 adolescents and adults (12 to 39 years old) who were covered by KPNW and were vaccinated with at least one dose of an mRNA vaccine between December 18th 2020 and October 16th 2021. The cohort was followed for up to 30 days after their second dose of an mRNA

vaccine to identify encounters for myocarditis, pericarditis or myopericarditis. Encounters included telehealth visits, outpatient visits, including urgent care visits, as well as emergency department visits or hospitalizations. KP's institutional review board (IRB) approved the study.

KPNW's electronic health record (EHR) is a version of Epic's EHR system and captures all encounter diagnoses assigned within KP's integrated delivery system and affiliated community. The National Center for Health Statistics developed a brief text description or label to define their clinical modification of ICD-10 diagnosis codes. For example, I40.9 is defined as, "acute myocarditis, unspecified". We searched the text description of all the KPNW encounter diagnoses (in any position) that occurred between December 18th 2020 and October 16, 2021 in both the outpatient and inpatient settings to identify encounters related to "myocarditis" or "pericarditis". We excluded anyone with a documented diagnosis of myocarditis or pericarditis before their first mRNA vaccination. Two physicians independently reviewed the identified patient records and applied the CDC myocarditis and pericarditis surveillance case definition to classify records as confirmed, probable or not cases based on the prior published definition (5).

To reproduce the VSD methodology (2) we restricted our search to select ICD-10 discharge codes from emergency department visits and hospitalizations, including hospitals owned by KPNW and hospitals unaffiliated with KPNW, which submit insurance claims to KPNW. Each diagnosis associated with a ICD10 code of B33.22, B33.23, I30,* or I40* was then flagged as meeting the criteria of being identified by the VSD. As above, two physicians independently reviewed the patient records to classify as confirmed, probable or not cases based on the case definition (5).

We calculated the incidence as a proportion using the person and the dose as the denominator. For brevity, we only present the incidence per million second doses of vaccine. We stratified the incidence by age bands to understand how the risk of myocarditis or pericarditis depended on age. We calculated exact 95% confidence intervals using Stata 17 and the default Clopper-Pearson binomial method (6).

Results:

The encounter text description methodology identified 14 distinct patients ages 12-39 years old who met the confirmed or probable CDC case definition for acute myocarditis or pericarditis within 21 days of receipt of COVID-19 vaccination. Three of these 14 patients had an ICD-10 code of I51.4 Myocarditis, Unspecified which was unique to the encounter text description methodology. When we extended the record look back period to 30 days, we identified 2 additional patients who met the case definition for acute myocarditis or pericarditis within 21 days of COVID-19 vaccination. Although these 2 cases had onset of symptoms within 21 days of vaccination and met the surveillance case definition, the relevant diagnosis code was assigned during an outpatient follow-up visit after the patient was discharged from the emergency department or hospital.

Using the VSD methodology, we identified 11 patients ages 12-39 years old who met the CDC case definition for acute myocarditis or pericarditis within 21 days of receipt of COVID-19 vaccination. Seven (64%) of the eleven patients had initial care for myopericarditis outside of a KPNW facility and their diagnosis could not be ascertained by the VSD methodology until claims were submitted. Four of the eleven cases identified by the VSD had claims data submitted after 30 days, with an average claims delay of 64 days and a median delay of 33 days (range 12-195 days). Claims data for these events were

submitted from patient encounters at community hospitals that are not owned by Kaiser Permanente Northwest but provide care for our patients. (Table 1)

Table 1: Summary of Myopericarditis cases Identified by Encounter Text Description and VSD Methodology

Patient	VSD method	Reason Missed	Days to Claim Filed	Age	Sex	Vaccine	Dose	Days to chest pain onset	EKG	Trop peak mcg/L	Evaluation of CAD	LVEF on echo, % or cardiac MRI	LOS, d
1	No	I51.4 not queried		18-24	M	Pfizer	2	3	Sinus arrhythmia	4.08	Not done	57%-MRI	1
2	No	I51.4 not queried		18-24	M	Pfizer	2	4	Sinus	2.9	Not done	70%	2
3	No	I51.4 not queried		18-24	M	Pfizer	2	1	Sinus Tach	11.1	Not done	40%	2
4	No	Short lookback		12-17	M	Pfizer	2	4	Sinus	.04	Not done	Normal	ED
5*	No	Short lookback		30-39	F	Pfizer	1	1	Antero-lateral ischemia	<=.03	Normal angio	60-65%	OP
6	Yes, > 30 days	Delay in claim	33	12-17	M	Pfizer	2	2	ST elevation	4.02	Not done	62%-MRI	2
7	Yes, > 30 days	Delay in claim	74	12-17	M	Pfizer	2	3	ST elevation	12.4	Not done	61%-MRI	5
8*	Yes, > 30 days	Delay in claim	82	30-39	M	Pfizer	2	15	ST elevation	<=.03	Not done	Not done	ED
9*	Yes, > 30 days	Delay in claim	195	12-17	M	Pfizer	1	7	ST abnormality	0.5	Normal angio	22%	43
10	Yes		Internal^	12-17	M	Pfizer	2	3	Sinus	13.3	Not done	Normal	3
11	Yes		29	12-17	M	Pfizer	2	3	ST elevation	66.13	Not done	27%-MRI	4
12	Yes		22	18-24	M	Pfizer	2	3	Sinus	0.38-Trop T	Not done	55-60%	ED
13	Yes		Internal^	18-24	F	Moderna	2	4	ST elevation, sinus tach	15.9	Not done	60%	1
14	Yes		Internal^	18-24	M	Pfizer	2	3	Sinus	5.19	Not done	68%-MRI	1
15	Yes		12	18-24	M	Pfizer	2	3	ST elevation	4.9	Not done	50%	1
16	Yes		Internal^	18-24	M	Moderna	2	3	ST elevation, lateral	9.62	Not done	48-55%	1

^Internal: Internal hospital encounter, claims data not used to identify case

LVEF: Left-ventricular end-systolic function

OP: outpatient

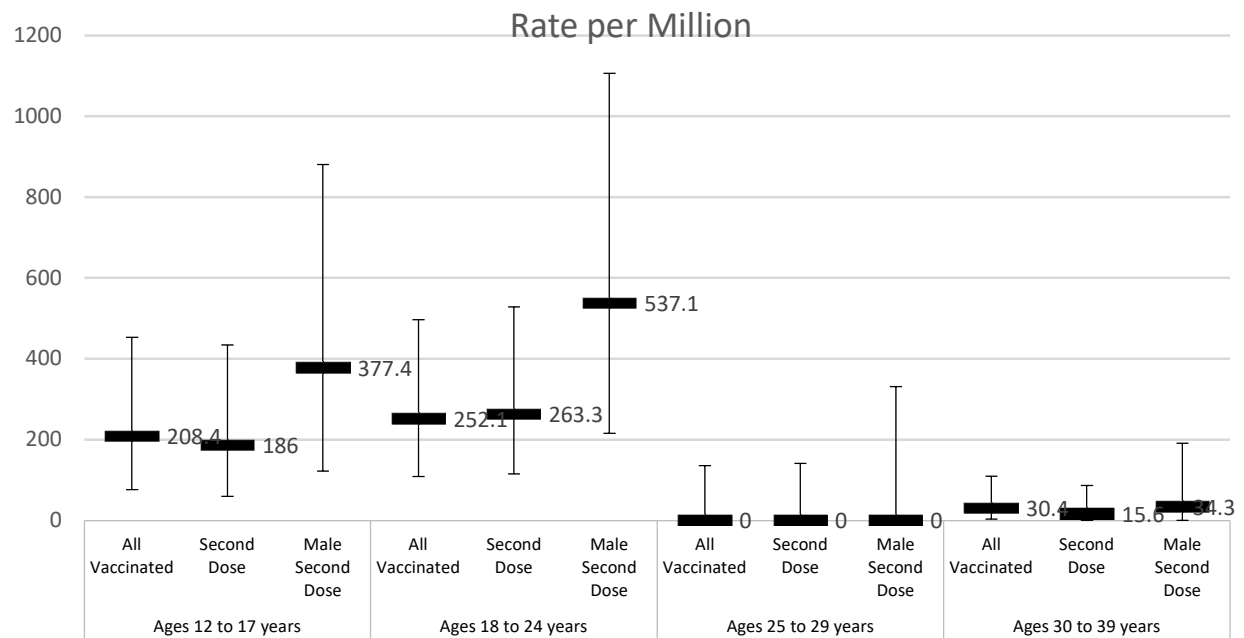
ED: Emergency Department

Normal troponin Range: <=.03 mcg/L

*Cases that met case definition but were atypical from general pattern

In our patients ages 12-39 years old who received a second dose of vaccine (n=146,785), we estimated a risk of 95.4 cases of myopericarditis per million second doses administered (95% CI, 52.1 to 160.0). In males who received a second dose (n=66,533) we estimated a rate of 195.4 cases of myopericarditis per million second doses (95% CI, 104.0 to 334.1). (Figure 1)

Figure 1: Rate per Million



Conclusion:

We identified a higher estimate of myopericarditis following COVID-19 mRNA vaccine by searching encounter text description in the medical record of an integrated health system compared with the VSD methodology. The VSD specifically excluded ICD-10 code I51.4, Myocarditis, Unspecified resulting in missed episodes that met the case definition. Additionally, some of the VSD sites rely on claims data from community hospitals that are not owned by the health systems to identify cases. Although their methodology may eventually identify these cases if the analysis were conducted several months after all the events occurred, the lag in claims submission and payment may result in inaccurate case estimates. Finally, by extending our look back period with the encounter text description method to 30 days after the episode, we were able to capture additional events that met case definition but were not coded in the health record by day 21. For example, one patient had a hospital discharge code of Chest Pain (ICD-10 code R07.9), that occurred 4 days after vaccination, however when he had follow-up in the pediatric cardiology clinic the appropriate diagnosis code of Idiopathic Myocarditis (ICD-10 code I40.1) was documented. This outpatient pediatric cardiology appointment occurred at day 25 after his initial presentation.

Our estimate of the incidence of myopericarditis following COVID-19 mRNA vaccine is similar in magnitude to that reported from two studies from Israel (7, 8) but higher than that reported in the US studies and at VBRPAC and ACIP meetings (4, 9, 10, 11). Complete case estimates are essential when modeling risk and benefit for wide-scale vaccine implementation and booster doses in younger age groups.

Using an identical population, we identified that the encounter text description methodology identified approximately twice as many cases of myopericarditis following COVID-19 mRNA vaccination. The VSD

is a multi-site consortium with several sites relying on outside claims data to identify cases, potentially resulting in prolonged data lags for accurate ascertainment of events. We would encourage other VSD sites to validate the case ascertainment of current VSD methodology. Future modeling and public policy decisions on vaccine safety should consider the sensitivity limitations of VSD derived estimates.

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From: Roger & Kati Noar
Sent: 2/23/2022 10:09:47 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

We are 100% opposed to the BOH proposal to add Covid-19 vaccines to the list of vaccines required for school attendance.

The vaccines are ineffective and have severe side effects such as myocarditis, pericarditis and neurological damage.

Further, children have a 99.99% survival rate from Omicron - therefore there is no reason to mandate the vaccines for children.

Thank You,
Earl Noar
Anacortes, Wa.

From: Brendon Cromwell
Sent: 2/24/2022 11:34:43 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ca1db0e938f4f1c5fdd08d9f7ccb443)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Brendon Cromwell (Father of 4 under the age of 12)

From: Tim & Beverly Luxon
Sent: 2/23/2022 10:40:24 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Beverly Luxon

"

From: Sondra Kyle
Sent: 2/21/2022 7:05:33 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 requirements for kids

External Email

To whom it may concern,
I am writing to you today to voice not only my opinion but my overwhelming concern for kids being required to be vaccinated to go to school.

- 1 it is an EUA only!
- 2 most vaccine take a minimum of 5 to 10 years for proper testing to know risks.
- 3 the covid 19 vaccine poses more risk then contracting the virus itself.
- 4 kids are at low risk of getting it passing it to parents or grandparents
- 5 children are getting myocarditis and we don't yet know what kind of effects it has on children's nervous system or reproductive system.
- 6 its an experiment
- 7 is school going to take full responsibility of any vaccine injury that happens if it becomes required?

My children love school, they are great students. I will not hesitate to take them out due to this requirement. Please from a mother please don't let my kids be experimented on!

Thank you for your time
Sondra kyle
Sent from my Verizon, Samsung Galaxy smartphone

From: Ashly Traxler-Cole
Sent: 2/19/2022 12:06:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Parents are speaking out again this mandate. Are you listening? We don't want the state to decide what is best for our children's health. My children will not be getting this vaccine - mandated it not. Please start listening to the parents and the science that's being ignored. These shots being mandated are not what's best for our childrens' health. Again, are you listening?

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Kathy
Sent: 2/16/2022 5:15:53 PM
To: DOH WSBOH
Cc:
Subject: Forced vaccination for children.

External Email

I am disgusted with the lack of sense you are displaying regarding forced vaccinations. See Seattle times in late December where it explains most COVID cases are vaccinated! Yet here you are without considering all the information.

For instance. I was looking into why a person would vaccinate their child when I stumbled upon this. I was trying to compare the benefit of giving kids the vaccine vs the possibility of them getting Covid let alone dying of it. What I found is the possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you but smart people like you and I that are not just blindly following a money/power motivated push, and want to know can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7C7c61b0658a0942f5bce808d9f1b30878%7C1>>

As for catching and spreading this virus there are and have been many treatments that are and have been approved for years with little to no adverse effects that do help prevent illness and yes even infection. Everyone alive today who has eyes to see, ears to hear, and a mind of their own knows this. Why do you not know this? Or do you now and have lied for some unknown reason? If you do know this and have kept it from us for two years now, then you are the killers, not the virus!

As for forced quarantines and forced medical procedures. I promise you this is not a path

we as Americans are going to accept, and if this is not the direction you are trying to push this then why are we having these hearings?

I look forward to some sanity being restored in our government but as of the last few years, we have seen none in this state!

Sincerely,

Kathy Kajfas

Registered voter of WA

Sent from my iPhone

From: David Manning
Sent: 2/26/2022 9:54:47 AM
To: DOH Secretary's Office
Cc:
Subject: No Vaccine Mandates for our kids!!!!

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a

requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left

up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in

WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be

vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to

insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

David Manning, Poulsbo Washington

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Sharyn Peterson
Sent: 2/16/2022 4:26:34 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for children no!!!6

External Email

Please please please resist this mandate! Our vaccines have not been adequately tested and are still considered emergency vaccines we don't know enough about the side effects and we would possibly be maiming or children's reproductive and cardiovascular systems for life with bad side effects if we go through with this mandate. Please don't join in the frenzy and resist this terrible idea -thank you For listening and caring.
regards,
Sharyn Peterson

From: Luda Kamerzan
Sent: 2/24/2022 7:18:55 AM
To: DOH Secretary's Office,shidane@somalihealthboard.org,Kwan-Gett, Tao (DOH),tlocke@co.jefferson.wa.us,DOH WSBOH,DOH WSBOH,Braun, John,Wilcox, JT,Jinkins, Laurie,Sullivan, Pat,Billig, Andy,Reykdal, Chris,Spaulding, Randy
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Lyudmila kamerzan
Bonney Lake, WA

From: AJay
Sent: 2/17/2022 9:07:20 AM
To: DOH WSBOH
Cc:
Subject: Opposition to Forced Covid Vaccinations for School Aged Children

External Email

Washington State Board of Health,

I sincerely appreciate the opportunity to voice my concerns about this 'proposition'. This state seems to do what it wants to do, regardless of the voice of the people, but I'm going to submit my concern regardless.

I am not anti-vaccine, but do not support forced Covid vaccinations for school aged children. Children are at a lower risk and this vaccine has more of a concern to cause permanent damage. This is a health gamble; my family is not your guinea pig, and we will not comply. I will not subject my child or grandchild to a forced vaccine mandate. If this proposition is pushed through, as I anticipate it will be knowing how this state's mindset is, we will find another avenue to avoid this mandate.

As a long-term resident of Washington, I'm disheartened by the direction the state is going. I've seen overburdened taxes, skyrocketing drug addiction and crime ruining our small-town life in just the last 3 years. The demise is evident, coddling drug addiction and absolutely disgusting. So, if you want to add forced vaccination onto school aged children, I've already decided this state isn't a good place for future generations and will make a move to get my family out.

Regards,

Anne Casad

From: Carlin Flubacker
Sent: 2/17/2022 10:44:56 AM
To: DOH WSBOH
Cc:
Subject: Tag meeting

External Email

I noticed her in your TAG meetings that you seem to underplay the risk of myocarditis in male teens. I hope you will have someone do a better dive into that data, there is plenty of it in this country and others suggesting that the risk from the vaccine is higher than actual hospitalization from Covid for certain age groups in males.

Secondly, you also stated that no children have died from the vaccine. There are reports on VAERS that haven't been investigated to my knowledge? Do you have some insight that we aren't privy to? Yale just released a study confirming that two teenage boys died in their sleep after their first shot.

I'm concerned about how the advisory board is weighing their information. This feels like something that's already been concluded before it even started. Why is there such a push to get this vaccine on the schedule? It doesn't stop transmission and kids don't need mandatory protection from serious illness. There are also unknown aspects of this vaccine so pressuring parents into vaccinating their kids feels off. Can someone please explain to me why there is such a push? We aren't seeing this in other countries at this point.

Lastly, we all know the natural immunity affords some protection. The claim is that it cannot be measured, but this is not true or necessary for children. My concern is that once this is put on the schedule (we all know it will be) that filing an exemption will not be sufficient enough for a child not to miss school. Can we get a discussion about what an exemption will look like? We need to make our decision about whether we plan to keep our children enrolled in Washington State schools and we'd like to make it before the summer. Honestly, this whole thing has been a huge letdown since there isn't any data to suggest that having kids vaccinated in school will make any difference whatsoever. It seems that all of the pushback and concern from parents has been ignored and it seems that all of the pushback and concern from parents is being ignored and that is frustrating.

The difference from other vaccines on the schedule is that there is most definitely the possibility of an outbreak and there has been no discussion about what that will mean for students that are not vaccinated.

Thank you.
Carlin

Sent from my iPhone

From: John Pavlick
Sent: 2/25/2022 4:06:59 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

I was able to listen in on the last few hours of the final TAG meeting yesterday.

I am very pleased that the TAG voted NO on requiring the covid vaccine for school attendance.

There are a few points that I would like to address.

- a TAG member stated that there are only 12 people that spread covid misinformation and he referenced a website to back this claim up. One website. I would say there are dozens of websites and organizations spreading covid misinformation. They are very easy to find. They are the mainstream media outlets, the CDC, politicians, and so called "experts".

- this same TAG member is very concerned about angry parents attacking board members, making threats and calling them names. While I don't agree or support this behavior, I certainly understand it. I would ask this person: what did you expect? He and others like him have been telling us what to do for the past two years, calling us "science deniers", "anti-vaxxers" or worse if we questioned their directives or voiced our concerns. And now he is concerned?

- the native American board member was very emotional. Not a good idea to place someone so clearly compromised on a group that needs to make a crucial decision affecting hundreds of thousands of people.

- this same person mentioned that his people think 7 generations out. The challenges and problems 100 years from now will be very different from now (another board member made this same point). A decision based on emotion forcing children to take a potentially harmful vaccine in the here and now because he wants to do something heroic or meaningful is very stupid, self-serving and reckless. Sometimes it's better to do nothing and let a situation develop than to do something rashly because you want to be a hero.

- a group member brought up an excellent point about the need to be humble and that BOH members need to step back and calm down. I completely agree and I believe eliminating this mandate, leaving the decision to vaccinate or not vaccinate a child up to the parents will go a long way in helping to calm all sides down. Our country has gone off the rails. We need to stop and figure this all out without edicts and mandates.

- a board member stated that we need to continue to "follow the science" and "listen to the experts" as we "move forward". As I stated before, we've done that and look where it got us. We need to listen to ALL viewpoints, not just cherry-picked data that supports a desired outcome.

- I understand the desire to protect children. However, the mask mandates, social distancing, school closures and other restrictions are only now being proven to have done more damage than good. For example, the CDC quietly lowered their standard for childhood speech development. This delay in speech development is related directly to the school mask mandates. The American Academy of Pediatrics deleted information about the importance of children needing to have facial recognition. Why? Because it would have caused resistance to the mask mandates and may have fueled more "misinformation ". Tell me again why we should listen to these "experts". Are they truly "following the science"? No. They are protecting a fear based belief system.

- given that more and more information is coming out about covid and the effectiveness of our responses to it 2 years after the start leads me to believe more information will be coming out about the ineffectiveness of the vaccines and their potential long term health risks. The desire to vaccinate children despite not knowing the long term effects is

dangerous, shameful and stupid.

- Project Veritas has an FDA official on record stating that the FDA will approve the covid vaccine for children as long as they get paid a significant amount of money. There is a legal case going forward now in NY about the sloppy research done on the vaccine by Pfizer and Moderna. The FDA is currently fighting to keep the research data and ingredients in the vaccine sealed from the public for 75 years. Why is this? Why was this not brought up?

- lastly, why was there no mention made that the covid virus simply does not affect children the way it affects adults? Children are not dying in large numbers due to the virus. They are not an at-risk group in regards to covid. Multiple sources on both sides of the issue have confirmed this. So why is there such a desire to vaccinate these kids? This is a substance they don't need, provides poor to questionable protection against infection or transmission of the virus and its long term effects are completely unknown. Is the TAG or the BOH willing to take that risk and accept responsibility for giving kids 2 shots and multiple boosters? I seriously doubt it.

I understand that this TAG was only formed to make a recommendation to the BOH for a decision. I urge the BOH to follow the TAGs recommendation and do away with the covid vaccine requirement for children to attend school/day care.

LEAVE THE DECISION TO VACCINATE OR NOT VACCINATE THE CHILDREN TO THE PARENTS!

Sincerely,
John Pavlick

Concerned and fed-up parent.

Get Outlook for Android

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

From: Jaclyn Swanson
Sent: 2/16/2022 4:13:15 PM
To: DOH WSBOH,DOH-PIO (DOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Donahoe, Kaitlyn N (SBOH),caitlin.lane@sboh.wa.gov,Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Making the covid "vaccine" a requirement for schools

External Email

Good afternoon,

I am writing to you today as a concerned citizen and parent of 3 children in Washington State Schools. We will not vaccinate our children. What is new and concerning is the direction that it would appear many states are going with - mandating vaccines for school age children to attend public school. Many of the VBRPAC doctors were concerned that their approval would result in mandates of this vaccine. Many approved just because they didn't want to deny high risk children access to this vaccine. I implore you to listen to these doctors.

I keep on hearing people speaking about how vaccines have always been required to go to school, that's true, but this vaccine can't be equated to that. We don't know the impact of these vaccines on our children - we don't know what these could cause in 10-15 years. As Cody Meisner, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccine is safe. We have tested that vaccine for decades. And we know, we have a very good sense, of what the adverse events are. We do not have that with this particular messenger RNA vaccine." There has always been an option to opt out of vaccines with little to no issue from the school districts. As school districts will follow your recommendation, I implore you to NOT make the Covid 19 vaccine required to attend public school in Washington State. By mandating this in the Washington State schools you would be leaving children out, many children who have shouldered so much burden already.

Hearing the terms "safe and effective" with regards to the COVID vaccine isn't accurate. We know that it was "safe" for around 2000 children country-wide, we know that it "may" also be effective for 2 months. We don't know beyond that. The Pfizer Study was very limited in scope and time.

I shouldn't have to uproot my children from all they've known because they'll be excluded from Washington State Schools. As a parent, I should have the choice about the medical procedures my children receive. My daughters, who are normally very shy and dislike going to school, chose to go in person. I gave them the option of online. They'd been cooped up too long. This simply isn't right. It's cruel and borderline mental abuse. How much stress have they been under the last 18 months, only to have this stress and burden added.

The impact this will have on many families is awful. Many will be forced to homeschool their children which will result in job loss due to the hours needed to facilitate these needs. The impact on our most vulnerable children would be great and many would never recover.

Not to mention, these mandates are unconstitutional, against the Civil Rights Act and the Nuremberg Code.

Thank you in advance for hopefully making decisions that take into account the entire

population of Washington State and not just the ones that are most vocal. And I hope you realize how unconstitutional this is.

I am a very concerned parent here to discuss why this unconstitutional mandate is being made against our children now. These "vaccines" are causing more health issues than actually getting covid. I can sit here all day and send you stories from people and children who have been negatively affected by these experimental "vaccines". Young kids getting heart issues, among other things. And it's not just the kids. Why is the inventor of MRNA being silenced and censored? He is against these experimental "vaccines" and he was the inventor. Yet you're still trying to force these illegal mandates so you can make more dirty money. You people don't seem to care one bit about the health of the people you work for. You want us to all live in fear of a virus that is over 99% survivable. And why are children being endangered of being forced to take this experimental "vaccine" when supposedly they have a way lower chance of getting the virus anyway? And your "vaccines" aren't even working. If this wasn't about money, you wouldn't be trying to force these experimental "vaccines" on people. Whatever happened to freedom of choice? No matter, you'll all get what's coming to you when all the lawsuits win. And they will. We, the people, will win against these illegal, unconstitutional, against the Civil Rights Act, and the Nuremburg Code, mandates.

When will this end, when everyone has to get 100 booster shots? More? And don't even bring up the flu shot, that's a whole other ridiculous issue. You just guess which strain you think is going to be worse. I've done my research and heard from actual nurses about that whole racket.

I guess you just want to keep the public in fear so you can keep filling your wallets and bank accounts.

End this madness. Stop with these illegal mandates!

My children will immediately be taken out of school, as will many others, if this comes to pass. You will NOT endanger my children! Public schools have already lost hundreds of thousands of students just from parents being tired of the indoctrination of their children. I lost my job because of these illegal mandates.

Please, if you truly care about the well being of these children, you will NOT let this pass. And if it does pass, prepare to be sued by many, many families. Mine being one of them.

An extremely concerned and upset parent,

Jaclyn Swanson

From: Brittany Fleming
Sent: 2/24/2022 1:26:10 PM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is missing some crucial current data!

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6214099e1be34d259f4508d9f7dc2257%7>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6214099e1be34d259f4508d9f7dc2257%7>>

Reason 3: The Vaccine does not reduce transmission: <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%7C6214099e1be34d259f4508d9f7dc2257%7>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Reason 5: No long term clinical trial data is available, both because it's still a fairly new vaccine, and because they offered the vaccines to the control group, thus making it impossible to study long term outcomes. Our children are not a science experiment!

Respectfully,
Brittany

From: Norman Price
Sent: 2/21/2022 9:34:22 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. There are too many unknowns at this point to mandate these shots be administered to children.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Best,

Gary Price

From: bsmcnett
Sent: 2/16/2022 6:54:34 PM
To: DOH WSBOH
Cc:
Subject: Covid mandate for school age children

External Email

Please, please do not move forward on this mandate!! Pay attention and respect the research. Our children deserve to be protected from a vaccine that is not fully safe for their future well being!!!
Just because you can, does not mean you should, inflict such an invasion on our youth. Rely on their parents to make the informed choice.....NOT THE GOVERNMENT!!!!

Sent from my Verizon, Samsung Galaxy smartphone

From: Kira Love Flores
Sent: 2/17/2022 12:14:39 PM
To: DOH WSBOH
Cc:
Subject: Strongly opposed and urging you to NOT add Covid-19 injections to school requirements

External Email

I strongly urge you to NOT add the Covid-19 injections to be part of the school immunization requirements using WAC 246-105!

There are several reasons for my objections to this action, such as: this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. Additionally, this vaccine has emergency use authorization only because Comirnaty (Pfizer's BioNTech brand for their mRNA injections) is not available at this time; therefore, adults and children who take this shot, are participating in a massive experiment.

It is also extremely evident by now that the vaccine presents more risk to children than Covid-19. Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids. There are also very serious adverse reactions in children related to the shots, including many, many documented cases of myocarditis in children, especially boys. Also, very serious is the reality that the Covid-19 shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

And finally, more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Please do NOT add Covid-19 shots to the immunization requirements for children!

Sincerely,

Kira Flores

From: Shaunna Rose
Sent: 2/25/2022 1:55:08 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: Joanna Cirillo
Sent: 2/16/2022 9:26:55 PM
To: DOH WSBOH
Cc:
Subject: No vax requirement

External Email

Please do NOT REQUIRE any COVID vaccine requirements for students to enter any school! It is unnecessary and also has not been around long enough to be deemed safe.

Sent from my iPhone

From: DOH Information
Sent: 2/25/2022 5:37:31 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\73D21845CF3A476C_image002.png

Hello,

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: Friday, February 11, 2022 9:52 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 along with million of other DO NOT support the Covid Vax to NOT be implemented into school vax requirements. This is a parental CHOICE, not to be governed over by anyone! These are OUR children, not yours!! It's obvious that the WA Dept of Health has been brainwashed. This vax has NOT been proven effective NOR has it been proven safe. Stop pushing Inslee's agenda onto the families of WA. Wake up and look around the world!!! Vax mandates are being overturned AROUND THE WORLD. The long term side effects of the Vax are UNKNOWN, and we know that the short term VERS reports show more risk from the Vax than those of the actual virus. Additionally this Vax is EXPIRED!!! It was derived for the 1st variant, and the virus has proven to morph into several others. Preventative and Early intervention is the RIGHT answer, NOT some ineffective experimental, newly defined "Vax". Do not push this poison onto our children. We will 100% be pulling our children from the public school system if you decide to push this through!

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.

Smarchand22@gmail.com <mailto:Smarchand22@gmail.com>

From: Conservative Mama
Sent: 2/16/2022 11:16:44 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine requirement for school

External Email

Dear WA BOH and TAG,

If you require the covid vaccine for school age children, you will greatly regret your decision! There will be a mass exodus of children from schools and WE THE PEOPLE will make sure that public school funding is cut. WE THE PEOPLE will also investigate each of you for Crimes Against Humanity and violating the Nuremberg Code of 1947.

I will remind you that WE THE PEOPLE are the same citizens that withhold our 2nd Amendment. When you come after a Mama Bear's cubs, you will get mauled! Shame on you and oh yeah.... Fuck you!

Sincerely,
Patriotic Mama Bear

From: Arlene Badzik
Sent: 2/18/2022 4:09:35 PM
To: DOH WSBOH
Cc:
Subject: Re: Tag meeting re: Covid shots

External Email

TO THE BOARD OF HEALTH WASHINGTON

TAG MEETING ON FEBRUARY17, 2022

RE COVID SHOTS FOR BABIES AND CHILDREN

I am writing to voice my concern about the MRNA EXPERIMENTAL SHOT THAT IS BEING CONSIDERED FOR BABIES AND TODDLERS.

The reasons I am against giving this drug are:

1. it is EXPERIMENTAL
2. our children should not be used as HUMAN GUINEA PIGS
3. most children have either been exposed to or have had Covid.
4. studies have shown that most children have MILD CASES OF COVID. My 7 1.2 year old grand-daughter has been exposed to Covid mutiple times at school and has tested positive, but never had symptoms. She has natural immunity now and it would be detrimental for her to receive the MRNA shot.
5. the MRNA SHOT IS NOT A VACCINE! It does not prevent Covid has we have seen so many people who have gotten the shot have had severe symptoms of Covid or have died!
6. THOUSANDS OF PEOPLE HAVE DIED FROM THE MRNA SHOTS as has been reported to VAERS.
7. THOUSANDS OF PEOPLE INCLUDING CHILDREN AND TEEAGERS HAVE VACCINE INJURIES AND SEVERE SIDE EFFECTS ACCORDING TO VAERS!!!
8. Many children, teenagers, young adults have and can develop PERICARDITIS OR MYCARDITIS. These children will have long term heart problems, including heart failure.
9. the STATISTICS THAT WERE SHARED WITH YOU ARE OUT OF DATE AND ARE NO

LONGER VALID!!! Anyone who has taken a STATISTICS class knows that they can be MANIPULATED. For the PHARACEUTICAL COMMPANIES TO DO THEIR OWN STUDIES IS A CONFLICT OF INTEREST!!!

If any person on this TAG feels pressured by the rest of the goup to vote in favor of this shot for babies-4 year olds, you'd better think long and hard. These are the lives of children that can be ruined forever. Many have died from these shots! CAN ANY OF YOU FEEL GOOD ABOUT VOTING FOR AN EXPERIMENTAL DRUG TO BE INJECTED IN OTHER PEOPLES CHILDREN. PUT YOURSELF IN THE PLACE OF PARENTS AND CHILDREN. HOW WOULD YOU FEEL IF IT HAPPENED TO YOUR CHILD OR GRANDCHILD. WHO WILL BE THERE FOR THESE FAMILIES? WILL YOU??? WHO WILL PAY FOR THE MEDICAL BILLS??? WHO WILL SUPPORT THESE FAMILIES???

JUST SO YOU KNOW, WE ARE WATCHING YOU!!!

Sincerely, Arlene Badzik

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: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:26:16 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\8C8272AFA7B04865_20220221180510570.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:05 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: 02.21.2022 18:05:10 (-0800)

Queries to: ricoh@doh.wa.gov



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,

Larry Godt
Co-President

Tom Jones
Co-President

From: cuanabear
Sent: 2/16/2022 1:46:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\D1D59115FF394903_VRBPAAC-Premeeting-Letter_2022_02_11.pdf

External Email

ARE YOU KIDDING ME? You're even considering mandating an experimental gene therapy injection for children? As you well know, you cannot mandate ANYTHING that is not licensed, and NO ONE is obligated to take an experimental product or procedure, especially one that has NO LONG TERM SAFETY DATA or any semblance of informed consent. Proceeding will make you a party to violation of the law at least, and maybe name you on a list to prosecute for crimes against humanity. You may want to read the attached letter that blocked granting EUA to the same product you are considering being applied to even younger children. WORLD CLASS attorneys are on this as well as tribunals for crimes against humanity, as you will surmise as you read the letter. BTW, there were 400000 contacts in addition to the legal proceedings. Please do us all a favor, including yourselves, and stop this nonsense.

thank you

Sent with ProtonMail

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

From: Mitchell, Brittini M (DOH)
Sent: 2/22/2022 2:24:26 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children



attachments\05B8887DD8E644DB_image001.png

Please reply as appropriate – thank you!

Kindly,

Brittini

Brittini Mitchell

Administrative Assistant 5

Office of Secretary

Washington State Department of Health

Brittini. Mitchell@doh.wa.gov <mailto:Brittini.%20Mitchell@doh.wa.gov>

Mobile: 360-706-3451 | 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%2F>

Message was attached to: Vaccines for School Children

From: Jennifer Petak
Sent: 2/22/2022 1:43:05 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Regards,

Jennifer Petak

Message was attached to: Vaccines for School Children

From: Noelle

Sent: 2/22/2022 10:33:20 AM

To: DOH Secretary's Office

Cc:

Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sent from the all new AOL app for Android

Message was attached to: Vaccines for School Children

From: jessika51267 (null)
Sent: 2/22/2022 9:06:11 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Message was attached to: Vaccines for School Children

From: Kelli
Sent: 2/20/2022 8:16:01 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Kelli Willson

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Dianna Costanzo
Sent: 2/20/2022 3:03:53 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sent from my iPhone

From: Danielle Dashiell
Sent: 2/24/2022 10:48:07 AM
To: DOH WSBOH
Cc:
Subject: SBOH and TAG, please read.

External Email

Seems like there's a lot of layered assumptions when determining whether the covid shot would be beneficial to be added to the schedule for school admission. There isn't solid data for any of the criteria. There are arguments to be made against all the information provided to the TAG committee. It is like we are continuing to hope that using this vaccine for children will keep the disease from affecting our households. When the reality is that breakthrough cases are predominant. And effectiveness is just not where people wish it would be. The risks do not outweigh the potential assumed benefit.

Recommending this vaccine for children in Washington State would harm our children. And we don't even know the full extent of that harm, because there aren't any sufficient long-term studies!

ALSO, the CDC this week admitted to withholding data because they feared the data would be "misinterpreted". That means the data did not make the vaccine look good in communal use. We don't even know the full impact this injection has had on our actual communities. Layered assumptions and wishful thinking is not going to make this disease go away. And making this injection required for school entry will only harm out communities further.

And speaking of cost effectiveness: how about discussing the number of families who will pull their children out of school because of the bad recommendations by the health boards in our state? Even though there will be exemptions. Families are fed up with the assumptions and wishful thinking of these committees. Living in an alternate reality. Everyone needs to take a step back and realize this vaccine effort has not been as successful as hoped. And forcing it on our school aged population is NOT going to fix the current health crisis. It will only make things worse.

Please consider. Both sides of this discussion need representation.

-Danielle from Marysville.

From: Michael Stewart
Sent: 2/16/2022 12:31:17 AM
To: Arthur Weiner
Subject: Re: Make Masks Optional Now and Do Not Require COVID Experimental
Injections a Requirement for School Attendance

External Email

WE THE PEOPLE ARE AWAKE and AWARE of all the little financial goodies you school boards get to move this devious agenda forward. Let the truth be known that any illegal findings down the road will be used directly against you for the decisions you are making. Masking children earns your district money. So in good consciousness does it make sense to harm a child's wellbeing for money??? Brainwash a child to think a certain way via critical race theory because money will trickle down to you? Harm a child with experimental drugs to ensure Big Pharma kickbacks??

STOP STOP STOP NOW!!!!!!!!!!!!!!!!!!!!!!!!!!!!

On Wed, Feb 16, 2022 at 12:16 AM Arthur Weiner <theweiners@outlook.com
<mailto:theweiners@outlook.com> > wrote:

Dear Educators and Government Officials,

Stop playing COVID with our children. Stand up for freedom and liberty. There's still an opportunity for you all to save face, admit your mistakes, reverse course, and re-establish the trust you so thoroughly trampled. The time to act is now.

Sincerely,

Arthur Weiner

Parent of 3 LWSD students

From: Haag, Hannah R (SBOH)
Sent: 2/16/2022 8:32:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

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

From: flothowpfc <flothowpfc@gmail.com>
Sent: Wednesday, February 16, 2022 5:41 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&an>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius
7248 SE Nelson Rd
Olalla. Wa. 98359
Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/17/2022 9:08:40 AM
To: DOH WSOH
Cc:
Subject: FW: NO to mandatory CoViD vaccine for public schools!

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

From: Val R <valerieraschko@gmail.com>
Sent: Wednesday, February 16, 2022 7:06 PM
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: Robert Holte
Sent: 2/24/2022 11:50:08 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: Kirby, Kristin @ Bellevue

Sent: 2/25/2022 11:09:03 AM

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\ABDB8008E7F94C50_image002.png

attachments\545641A0800947AE_image001.png

External Email

Good morning,

I was pleased and surprised to see the final outcome of yesterday's TAG meeting.

A few comments from yesterday's meeting:

* The vaccine should not be mandated for school children as it is not mandated for the population as a whole

* TAG members said they were "happy to hear the dialogue" but only one side of opinions/facts have been presented as far as the medical community goes

* Criteria #3 – I was truly shocked to hear this got 8 'yes' votes. Reason being: there is no long term data on this subject, vaccine requirements could force a loss in school funding, model uses "assumed values" so it can't be confirmed, none of the articles used in presentation included all the ideal criteria but the presenter said she didn't "want us to worry about the study not being ideal" (that doesn't seem right). The data doesn't take into the change in the virus itself and the future impact, or herd immunity change impacts. There were limited cost effective data reports (and from earlier years) so impossible to vote as a 'yes'.

* Benjamin Wilfond – mentioned he didn't like using the word "mandate" and that this isn't a "mandate" but a "school entry requirement". How does that differ? Mandate definition: an official order or commission to do something. Requirement: a thing that is needed or wanted / a thing that is compulsory; a necessary condition. We don't need to do word gymnastics here.

* Bill – said he isn't worried about the cost effectiveness at all, but this is a criteria so it must be considered.

* Anna did well presenting but at the end, she kept adding information she didn't present. She added her opinions and "maybes" and "what-ifs". TAG members were asking questions about a model for cost effectiveness that isn't part of the model used for cost effectiveness. The TAG kept referring to "huge numbers" saying "all these parents" are staying home "with multiple sick kids" and taking about the "huge effect on society". Where is this data coming from? These are her opinions, not facts. No everyone has a child, or school aged child. The mathematical model cannot be opinioned. It is fact and unfortunately some TAG members got completely off topic and railroaded Anna a few times. Why are we talking about secondary transmission in farm workers? We can't keep putting this unknown "vaccine" on the shoulders of children to keep adults and the economy going.

* One TAG member said "no dollar amount is too much for human life". Of course

there is. How does this person think dollar value models are used? There are limits to health insurance, death insurance, payouts for workers who died in the trade center were paid out based on each individual's value. That opinion is dangerous and doesn't belong in this type of setting/advisory group. There are mathematical models used for a reason, because there are values.

* Criteria #1 was reported as being on the ACIP schedule yes its' not showing on the links used from CDC and DOH websites.

But this is not shown on the ACTUAL schedule.

* Criteria #8 – There would be a HUGE burden on the systems at work to implement and keep this going. What about new taxes imposed on the home owners? What about costs to schools for un-enrollment? Schools already saw large numbers decrease over school masks, what do you think would happen over mandated covid requirements? Who would have access to this database with all the children's medical information? Breaches from schools? Many issues around early childhood learning centers, houses. Other vaccines are a one and done thing – if school district children need to get more than 1, this would be another huge burden on families, the child themselves, the health care systems, schools and every other department involved. The health care workers/nurses could do all this extra work, and the children could STILL GET COVID. Then what? We need to add in tracking too? Where does it end? For something that is continuously changing, rules can't be made right now, if ever.

* Criteria #7 – There are many medical professionals who do not find the vaccine acceptable, not just parents/caregivers/community members. International Alliance of Physicians and Medical Scientists are against the mandate/vaccine requirement, 48% of nurses in the presentation said they would support a mandate – so does that mean 52% would not? The presenter used data from and editorials from 2020. Why is that? There are so many newer articles from 2021 and 2022. As the TAG knows already, there are an overwhelming number of people in the community who would never support this mandate.

* Criteria #9 – I would have been interesting to see the actual numbers of the Kaiser respondents, instead of just percentages. Were respondents from all over the state? Were respondents only from Kaiser companies? The presenters very clearly showed the disparities and challenges this mandate would and has already caused. Why make it worse? What happens when the government or insurance no longer covers the vaccine? That creates an even bigger monetary burden or burden for those without insurance.

* Thomas mentioned there were "12 people" causing "all the disinformation" on the internet. What he is talking about? Did he read that on the internet too?

I would like to understand, that when/if the Board take this matter up, will they then review all the criteria again? Do all 9 criteria have to pass or are the criteria weighted?

It's very exasperating that numerous links on the DOH website do not work and say "Page Not Found". This is quite useless and honestly makes the community even more distrustful of the Department.

against certain vaccine-preventable diseases” – Covid is NOT vaccine preventable. This shouldn’t even be considered.

TAG member thoughts – and effects it had on myself personally:

Tom Locke – Seemed like he wouldn’t support based off what his feedback.

Jake Murray – Why would the DOH mandate something we don’t know too much about? This is so true.

Greg Lynch – “community health overall” - But there isn’t a complete picture so how can we make a rule, set in stone? Could it ever be reversed??

Tao – hard to read Tao.

Benjamin Wilfond – “social impact unpredictable and challenging” – But we’re getting better and better and governments, including our own are lifting mask requirements and vaccine requirements so why is the DOH wanting to do the opposite?

Frank Bell – “what’s the bang for our buck” – “it’s not clear and we don’t have any modeling – “no clear idea about transmission at a population level if school kids are vaccinated.” So, if there’s no data, you have to think very clearly about the downside of something like this.

Kate Cranfield – “so much that’s uncertain” – “my brain is definitely, still gets stuck there” – “I think about the unintended consequences of this” - This is entirely true. Why make an age group mandated for a vaccine we have so little new/long term data on?

Martin Mueller – “wrestling” with the idea of actually implementing this. “will it have the impact? And I’m worried that it won’t” “a lot of additional knowing that we need to come to and I’m profoundly worried about implementing that” – I couldn’t agree more.

Thomas Pendergrass – how can people comment on what to do for 2023 school years? We don’t know, that’s the point. “we don’t have years of data like we normally would” - Exactly, so the TAG shouldn’t vote ‘yes’.

Consuelo – “creating confusion in communities by taking away masks but then mandating vaccines” “creates confusion, controversy and distrust” - Exactly, this mandate is not needed, nor warranted.

Bill Kallappa – timeline of where we are and what has preceded native Americans.....asking what we’re doing for kids?. “are we going to stop covid” – Sorry, but YOU CANNOT STOP COVID. Here’s a few things we’ve done, to put Bill’s mind at ease: We’ve closed schools, mandated masks, mandated vaccines for teachers, etc.

Dimyana – variants, dialogue – where will it lead – projections - she’s not given any opinion – She’s a very interesting person and rambled a lot without really saying anything.

Lynnette Ondeck – nurses feel burden but nurses think vaccines are good – But of course, not all and nurses don’t get to make decisions about children’s individual health requirements or needs.

Jennifer Helseth – “burden this puts on families” – Very true. Right now only small

percentages are getting vaccinated and they're already having issues. Imagine all kids going through this? All families? Definition of undue burden.

Shauna Muendel – wants to build trust in the long run - And this will NOT be done by mandating this vaccine for school children.

Thank you for taking the time to read my comments. I still stand that to have a fair and complete advisory board you have to be able to hear from both sides, not just one and this really didn't happen the first 2 meetings. These criteria mentioned yesterday were easier to see the negatives and cons of mandating this vaccine and of the negative effects it's already had on the population. It was clearly shown the cost benefit would be so low, it's negligible.

Please remember, we do not take vaccinations to help someone else not get sick. People don't choose to get a flu shot so someone else doesn't get the flu. Children shouldn't have the undue burden to get a vaccine, that doesn't prevent covid or prevent the spread of covid, with no long term data (not to mention the pharmaceutical companies being non transparent for 75 years). Children and parents shouldn't have to have the undue burden or hardships this would inevitably cause. If anyone in the population wants to wear a mask, or get vaccinated, that's their choice. But please, do not, under any circumstances add this to the list of "vaccines" for school children. It would do unrepairable damage for generations to come.

Kristin Kirby

From: Linda Ryan
Sent: 2/16/2022 3:59:41 PM
To: DOH WSBOH
Subject: NO COVID INJECTION AS PART OF SCHOOL IMMUNIZATION REQUIREMENTS

External Email

Please consider the following FACTS about what this shot is and is not about. Think about what the ramifications of requiring this being injected into our children as a condition of being able to attend school. Will YOU be requiring it of your children and grand children?

This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

The vaccine presents more risk to children than Covid-19

There are many documented cases of myocarditis in children, especially boys, related to the shots

The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

More kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Linda Ryan

From: Sarah Kim
Sent: 2/18/2022 12:22:32 PM
To: DOH WSBOH
Cc:
Subject: Non elected official

External Email

Hello-

I was at one of your last meetings and I am interested in applying for a non-elected official to the local board of health.

Thank you for this information.

Sarah Kim MSN, RN, CPN, NCSN

School Nurse

From: Beth Ensley
Sent: 2/17/2022 1:25:58 PM
To: DOH WSBOH
Cc:
Subject: No Covid shots for school children

External Email

The health of children means no shots. Shots have nothing to do with learning.
Stop pushing EU shots. It's against the Nuremberg Codes. You have no legal right to
make a law forcing injections onto bodies.
Beth Ensley

From: Susan Kelsey
Sent: 2/16/2022 7:10:05 PM
To: DOH WSBOH
Cc:
Subject: E88BD292-0421-4DE4-9CFB-C43E34A60B59

External Email

Do not require the Covid 19 shot to be apart of the immunization required at school. This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment. It is morally wrong. Susan Kelsey, Klickitat County

Sent from my iPhone

From: Julanne Burts
Sent: 2/16/2022 12:43:46 PM
To: DOH WSBOH
Cc:
Subject: Kids vaccinations

External Email

Please do not vote to vaccinate our children for covid 19 . I have written several letters and it does not make sense anymore with the pandemic ending. There are too many adverse advents and still don't know long term affects. Should be a parental choice not a mandate.

Thank you

Julanne Burts

Julanneburts@gmail.com <<mailto:Julanneburts@gmail.com>>
5098602886

From: DOH Information
Sent: 2/25/2022 5:40:39 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\E9747713439249ED_image002.png

Hello,

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: Thursday, February 10, 2022 7:30 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:

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.

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:
Lorinda Newton
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.

lorinda@clan-newton.com <mailto:lorinda@clan-newton.com>

From: Tammy Monson
Sent: 2/17/2022 9:34:14 AM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I strongly oppose Washington State add the Covid shot to the list of immunizations to attend school. This is unnecessary shot that has many risks to health that could be permanent. Where there is risk there should be choice. Please do not pressure parents to inject their children in order to educate them. We as parents are the ultimate authority of what is suitable for our children's health not the state.

I am asking you to vote no on adding this new shot the immunization requirements.

Thank you
Kevin Monson
5402 S Caballo Rd
Kennewick WA 99338

Sent from my iPhone

From: joyce tizzard
Sent: 2/17/2022 10:47:49 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 injections for young kids

External Email

To the board of health you are nothing but a political arm of forcing unsafe mandates and WACs on are children. The amount of evidence showing the dangers to young adults and teenagers and then you want this done to younger kids! The government schools are a big experiment, with sexual perversion being taught, critical race theory to promote hate and injections to cause harm now and in the future. I tell parents to remove their kids from these harmful, experimental and immoral ideas! Do not include COVID-19 injections as part of the immunization requirements using WAC 246-105 or any other WAC.

I hope you have the courage and decency to do what is right.

Thank you, a school bus driver of special needs students, a Mother and Grandmother

With a love and concern for all our Kids

Sent from my iPad

From: Yael Kantor
Sent: 2/15/2022 3:30:26 PM
To: DOH WSBOH,Reykdal, Chris (DOHi)
Cc:
Subject: Screenshot 2022-02-15 at 3.29.39 PM



attachments\693CC4FD22264FE4_Screenshot 2022-02-15 at 3.29.39 PM.png

External Email

Sent from my iPhone

From: Kasha Sonntag
Sent: 2/24/2022 11:30:24 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Currently you're covering the exemption options for families of the Covid shot, and recognizing that 2 of them require a healthcare professional signature. It would be remiss to not recognize that most doctors are NOT signing Covid vaccines for ANYONE at this point. Many of the local doctor groups say this right in their website. This puts a burden on the doctors who inevitably be asked to do so and a stress on parents who don't have a fair consideration form their provider who has been discouraged (to put it lightly) in signing any Covid related exemptions.

Kasha Sonntag

Sent from my iPhone

From: Rick & Lisa Todd
Sent: 2/16/2022 8:57:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Children are a very low risk group of the population. It makes NO sense that you would require vaccination, particularly one that is causing many dangerous side effects to children. Thousands have died from the vaccine and many more have had dangerous adverse reactions.

It is unfathomable that you would require children to take a vaccine that clearly does not work in preventing Covid and is less effective in preventing re-infection than natural antibodies! There are 147 studies that prove this. The Israeli Health Ministry has concluded that natural immunity is in fact 27 times more effective. There are many children who have the virus already, have immunity, and who are actually at a much greater risk of side effects after getting the vaccine!

This vaccine should not be made mandatory. It does not pose a threat to healthy children. Do the RIGHT thing and let parents make the choice for their children. You do not need to make it for them.

Lisa Todd

From: Candy Cooper
Sent: 2/16/2022 3:23:19 PM
To: DOH WSBOH
Cc:
Subject: Our children

External Email

PLEASE, PLEASE, PLEASE DO NOT REQUIRE A COVID MNRA FOR CHILDREN TO ATTEND SCHOOL THIS COMING FALL (Covid-19 injections as part of school immunization requirements using WAC 246-105). Our kids have suffered enough! It is so bizarre of our government to go in this direction considering this virus has not infected our kids. NUTS!

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Candy Cooper
Broker/Owner
Allied, Realtors
360-588-0643 Office
360-661-2929 Cell

<<https://docs.google.com/uc?export=download&id=15qdCEebdPJvwrB94P8cTI1m7tlbPw7gw&revid=0B9N0>

From: DOH Information
Sent: 2/18/2022 5:02:44 PM
To: DOH WSBOH
Cc:
Subject: Vaccine comment



attachments\486C14A5BA804129_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: Thursday, February 17, 2022 8:44 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:

PLEASE Do NOT require COVID vaccination for children to be able to go to 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:

Julia M Pascal

Email:

jmpascal23@yahoo.com <mailto:jmpascal23@yahoo.com>

Telephone:

5097140598

5.

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

jmpascal23@yahoo.com <mailto:jmpascal23@yahoo.com>

From: Josh Smith
Sent: 2/17/2022 2:42:42 PM
To: DOH WSBOH
Cc:
Subject: No vaccine requirement for children.

External Email

I am writing to you to urge you not require the Covid vaccine for children to be allowed to attend school. Do not move forward with this requirement.

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

From: DOH Information
Sent: 2/23/2022 3:39:48 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\70E28087102E4196_image001.png

Hello,

Below is public comment on the covid vaccine and 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: Friday, February 18, 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:

Other

2.

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

My name is David Lewis. I live in Hunters Washington. I am not in favor of mandatory covid vaccine for children to attend school. Please do not approve this proposal. Thank you

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:

David

Email:

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

Telephone:

509 7224055

5.

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

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

From: Con Don
Sent: 2/16/2022 6:33:52 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine Requirement for Public School

External Email

Dear Washington State Board of Health members,
I urge you all to NOT add the untested, emergency use authorized only, unproven COVID-19 "vaccine" to the list of vaccinations required to attend public school in Washington State.

This experimental vaccine has yet to be thoroughly tested and has already shown to markedly increase myocarditis—a life long illness with no cure—especially in young boys.

No matter what your Group of experts say in the TAG recommendation, It is completely unethical and unreasonable to add this unknown vaccine to the school requirements. If you do, I guarantee parents will remove their children permanently from the public school system.

Respectfully,

Connie Miller
Anacortes, WA

From: Robert Holte
Sent: 2/16/2022 12:21:46 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: Kahler, Kelie (SBOH)
Sent: 2/16/2022 11:10:53 PM
To: DOH WSOH
Cc:
Subject: FW: children vaccine schedule

From: Joan Belady <jbelady@outlook.com>
Sent: Wednesday, February 16, 2022 11:10 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: children vaccine schedule

External Email

Dear Kelie Kahler

Thank you for the service you offer our community at large. The info and votes you write tomorrow will have a huge impact on the future of our children and families. Please know that if you resource (of the research I have done) from whistleblowers of the NIH and NCI, namely Judy Mikovits and Frank Russetti, you will see that in their books, Plague, Plague of Corruption and Ending Plague, as well as books written by Joseph Mercola, Vernon Coleman and Robert Kennedy Jr, that our global vaccine vats have been contaminated with viruses since the 1980s. In the process of creating vaccines more and more to offset disease, instead it has created more human animal diseases than were ever prevented. This information has been hidden by John Coffin and Anthony Fauci and others. The process of making the viruses requires perfusion through mice and monkey brains, who carry their own viruses that when combined with human tissue and blood have gone from purely a harmless animal virus to deadly and disabling viruses and retroviruses affecting humans.

Practices with no vaccine schedule have led to far lesser illness visits than the vaccinated ones. It has propagated a world of illness and medicines and expensive medical diagnostics and treatments. At this moment in time, you and your board can stop this plague in it's tracks. All vaccines for children through adults must be ended, the system must be fixed over years, liability must return to vaccine makers and people must always have a choice as to what goes into their bodies. Covid 19 vax is nothing more than a tool of genocide.

You and your colleagues must act now to change the state, change the nation and change the globe for the health mission that you have sworn to.

Thank you for your time and careful consideration.

Sincerely, Joan Belady

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: Jonathan Miller
Sent: 2/20/2022 1:42:56 PM
To: DOH WSBOH
Cc:
Subject: Comment on WA BOH TAG Meeting, Thursday 2-17-2022

External Email

Dear board members,

It is my understanding that, this past week, the BOH TAG discussed items 1, 2 and 4 (as quoted below) regarding criteria on the effectiveness of the Covid vaccine. None of the listed conditions are fulfilled. Therefore, the only appropriate and honest vote would be NO on each.

"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..."

Item 1. The licensed Covid shot is NOT available in the US. There is no FDA COVID-19 shot licensed for ages 5-15. You should vote NO.

"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."

Item 2. The shot does NOT stop infection or transmission, allows disease, and does NOT provide population-based prevention. You should vote NO.

"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."

Item 4. The shot is NOT safe for children. VAERS shows it causes more death, myocarditis and neurological harm than any past vaccine, many times over. Pre-clinical trials showed more illness and death in the vaccinated group than in the placebo group! Maddie De Garay was severely injured in the 12-15 year age trial. You should vote NO.

The only choice of integrity is to vote NO, as the criteria are not met. You know that the shot is not approved for children. EUA is NOT approval! You know that the shot does not stop infection or transmission or provide population-based prevention and does allow disease. You know that children are at such low risk from serious Covid, that the shot is a greater risk to them. Protect our children from harmful, unnecessary medical experimentation.

Sincerely,

Jonathan Miller
Maple Valley, WA

From: Rachel Alleman
Sent: 2/17/2022 10:44:34 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: Re: URGENT: SAY NO on Vaccine Mandates for Kids!

External Email

In your answer on myocarditis - this is extrapolation, not actual data. You also don't know about all of the covid cases that weren't reported. Also, because we don't have the data, why are we experimenting on our kids?

"We don't have enough data to give a systematically good answer, no one really knows if that's beneficial." Said by one of the presenters.

What about children that have already have had covid-19? Are you considering prior immunity?

Thanks.

On Thursday, February 17, 2022, 10:15:49 AM PST, Rachel Alleman <rachelalleman@yahoo.com> wrote:

Hello -

Watching the BOH session now. My understanding is that the VAERS database is severely underreported b/c of the time it takes to fill out and the lack of incentives for medical professional and lay people to report. What are the "real" numbers?

You are using our children as guinea pigs with this shot. Will you take full responsibility for adverse affects of our children? The typical trial takes years and children have a high success rate of surviving Covid-19.

Why did Pfizer suspend their recommendation for shots for the next group?

Suggest you read these articles! Don't let this happen to our children. Why are these things happening if the vaccines are safe?

Thanks.

Rachel

Report (Part I): Young woman's heart believed to have been damaged by Pfizer vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Flocal-news%2Fpart-i-young-womans-heart-believed-to-have-been-damaged-by-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40soh.wa.gov%7C2c323f6d75004a39ea7808d9f24588e1%7C1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Flocal%2Fpart-i-young-womans-heart-believed-to-have-been-damaged-by-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c323f6d75004a39ea7808d9f24588e1%7C1>

Report (Part I): Young woman's heart believed to have been damaged by Pf...

Port Townsend woman, 27, told she now has heart of an 80-year-old

<https://www.reuters.com/legal/government/covid-vaccine-injury-claims-mount-recourse-is-lacking-those-harmed-2021-10-19/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Flegal%2Fgo-vaccine-injury-claims-mount-recourse-is-lacking-those-harmed-2021-10-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c323f6d75004a39ea7808d9f24588e1%7C11d0e>

Kyle's vaccine complication

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=98WUgRtYD6E>

Professional Mountain Bike Racer Describes Life-Altering Vaccine Injuries After Second Pfizer COVID Shot

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c323f6d75004a39ea7808d9f24588e1%7C11d0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c323f6d75004a39ea7808d9f24588e1%7C11d0>

Professional Mountain Bike Racer Describes Life-Altering Vaccine Injurie...

Kyle Warner, a 29-year-old professional mountain bike racer, developed pericarditis, POTS and reactive arthritis...

<<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>>

Kyle's vaccine complication

From: Sue Shaw
Sent: 2/16/2022 3:43:10 PM
To: DOH WSOH
Cc:
Subject: Forced Covid vaccinations for school age children

External Email

I am writing to ask you to not require children to get the Covid-19 vaccinations. There are many reasons: it was approved for emergency use only and the emergency is now over. It is still in an experimental phase because it takes 5-10 years to know all the risks. The vaccine has not been adequately tested which can be seen by the children who are getting myocarditis. Children are at low risk of getting Covid-19 and it is less of a risk to not get the vaccine than to possibly get myocarditis.

Please do not make this mandatory. Thank you.

Sue Shaw
Anacortes, WA

<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%40soh.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%40soh.wa.gov%7C

From: Matt Fankhauser
Sent: 2/16/2022 3:55:29 PM
To: DOH WSBOH
Cc:
Subject: Vaccine for kids NO!!!

External Email

If children are forced into getting the experimental injections, I will remove my children from the public school system.

Sent from my iPhone

From: Erin Rice
Sent: 2/23/2022 6:51:52 AM
To: DOH Secretary's Office,DOH WSBOH
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: dsmoots@hotmail.com
Sent: 2/18/2022 7:43:37 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for children

External Email

To the Washington State Board of Health,

I vehemently oppose requiring that any Covid Vaccine be place on the the Childhood Vaccination Schedule. Parents should be able to have the freedom to choose what they want to do.

Diane Barkley

From: Jeff Montgomery
Sent: 2/25/2022 2:47:45 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: Robert Holte
Sent: 2/21/2022 10:36:43 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: Michelle Van Diest
Sent: 2/24/2022 10:33:45 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6b8702adec3e412e2f7708d9f7c42fe>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6b8702adec3e412e2f7708d9f7c42fe>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6b8702adec3e412e2f7708d9f7c42fe>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Michelle Van Diest

Sent from my iPhone

From: Carol Lee
Sent: 2/16/2022 4:02:42 PM
To: DOH WSBOH
Cc:
Subject: Kids health

External Email

You will all stand in front of almighty God one day & have to individually account for KNOWINGLY forcing kids to a covid vaccine for kids that has 0.2 % chance of death from covid but a HUGE # of deaths & INJURIES from the covid vaccines &/or boosters.

DO NOT REQUIRE COVID vaccines or vaccine passports for school.

Sincerely,
Your conscience

Maggie Lester
WA State

From: Ionela Popescu
Sent: 2/17/2022 12:07:23 PM
To: DOH WSBOH
Subject: Letter of Concern

External Email

Hi,

As a parent of two school-aged children in WA State, I am writing you this email to express my deepest concerns regarding your intention to implement mandatory COVID 19 vaccinations to public schools in our state. I watched and listened to your entire discussions and presentations during the zoom meetings last Thursday and today, and I must say that not only do my husband and I find appalling that the chat option was disabled at all times during your meeting, but also that you did not, not even once, bring up all the feedback from parents that your board has already received so far! We, the parents, our opinion and input, should be the main point in any discussion and vote with respect to such an important and sensitive topic! We cannot be disregarded completely and silenced in such a way, it is unacceptable in any democratic society to only have one mindset and never to listen to the most affected party i.e. the parents!

I am sure you have already received and will be receiving many messages from very concerned parents all over the state. What is the reason that you never brought up what the parents' opinion is on this matter? Isn't that the main criterion to base your decision on in something like this? Also, please reconsider all your votes and include all the parental input in your decisions about our children! We think that this vaccine should not be mandatory for children in schools, it is not a vaccine that prevents and eradicates 100% a disease (like the other vaccines such as polio, diphtheria, etc), and it has been proven that both the vaccinated and the unvaccinated people can get and spread the virus. This COVID 19 vaccine is similar to the flu shot which has never been a requirement in schools, and it should stay optional, just like the influenza one!

Please take into account our message and opinion on this matter and please reconsider how you will proceed with this topic in your next meetings. Also, please enable the chat button for the parents to express their opinion live as well, this is how it should be done and it is the democratic and humane way to do it!

We are hoping you will make the right decision to keep this vaccine optional, and not mandate it in schools (while no other states has done this and while mandates are actually being dropped all over the world right now!)

Sincerely,

Ionela Popescu

Certified Translator / Interpreter - ATA, NOTIS, DSHS, Romanian Ministry of Justice

English, French, Romanian, Spanish, Italian, Portuguese

Notary Public in Washington State

ROMANICA TRANSLATIONS

3205 151st Street SW

Lynnwood , WA 98087, USA

Phone: +1 425.773.8751

E-mail: usionelapopescu@yahoo.com

"When every word counts"

<http://www.romanica-translations.com/>

From: Chantale D.
Sent: 2/18/2022 2:24:09 PM
To: DOH WSBOH
Cc:
Subject: Vote No on requiring Covid vaccinations for public schools

External Email

Hello,

Please do not require the Covid vaccine for students to attend public school NOR mandate they wear masks if they are not. The mental health toll it has taken on our 6 year old is noticeable. This is an unhealthy state for him to be in, and we should not have to take him out of public schools b/c of our spiritual beliefs and the proven medical research regarding Covid and young ones.

The state is going to have a significant decline in enrolled students in public education if this is enacted including us.

Vote NO on required Covid Vaccinations for public schools!!!

Thank you,
Chantale Gore

Sent from my iPhone

From: Bree Benitez
Sent: 2/25/2022 8:40:39 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirements for kids

External Email

To whom it may concern;
I would ask respectfully that you do not make the covid vaccine required for school aged children. Please let the parents decide. We do not have enough long term studies to know the ramifications of this vaccine and I would ask that you respect the parents right to make this decision. I'm in favor of vaccines. My own kids are vaccinated but there just isn't enough information yet to take this step with the covid vaccine.

Sincerely,
BreeAnn Benitez
Mother of 3

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Mitchell, Brittini M (DOH)
Sent: 2/22/2022 10:01:27 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please respond as appropriate – thank you!

Message was attached to: Vaccines for School Children

From: John Day
Sent: 2/22/2022 9:56:27 AM
To: DOH Secretary's Office
Cc:
Subject: No Mandatory Covid Vaccines for our School Children

External Email
To our State Leaders:

I, as the parent of a child enrolled in a public school on the Key Peninsula, as well as the spiritual leader of a congregation here, and a PhD with many health professionals in my immediate family, am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs (that is, the requisite long-term testing for safety and effectiveness) to children should be left up to their parents and not mandated by any State agency.

There is significant scientific evidence that these vaccines do not meet the requirements to be included in WAC 246-105-030 (that is, the Covid vaccine patently does not prevent a person from getting the illness). Therefore, there should not be a requirement under Washington State law for children to be vaccinated for Covid in order to attend school or daycare.

Accordingly, I urge you, in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children, in consultation with their medical advisors.

Thank you,

John N. Day

Thank you for your time and serious consideration. Sincerely, Joan Belady

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%2F8c9dcafb-67de-4080-8000-4e48f6cf316c)
for Windows

From: Marilyn Martim
Sent: 2/17/2022 8:00:03 AM
To: DOH WSBOH
Cc:
Subject: Vaccination requirement

External Email

Good Morning

Please do not support requiring Covid vaccinations for our school age children. My concern is that there has not been adequate long term valid studies done to determine the current vaccines safety for use in children & young people. It has been shown already that there is a link between pericarditis & myocarditis causation after covid 19 vax & young people . We have a close friend whose 17 year old daughter is now suffering the effects of pericarditis after receiving the second shot last July. She was previously in excellent health with no comorbidities.

Children & young people are at very low risk for developing or transmitting this disease. The current vaccine has been shown to not be effective at preventing transmission or development of Covid with the current variants

The unknown re this vaccine is too great to consider mandating this for children. And no one is responsible for the consequences of injury should this happen.

Thankyou for considering my views.

Marilyn Martin
Retired RN,BSN

From: Kelly Payne
Sent: 2/16/2022 6:57:41 PM
To: DOH WSBOH
Cc:
Subject: OBJECTION to requiring Covid vaccines for school aged children

External Email

Board of Health-

I implore you to NO require Covid vaccines for school aged children!
Our youth has already suffered unmeasurable harm from enforced masking, schools being shut and the world as they have known it being turned on its head the last two years.
You are NOT following science- you are ignoring it. PARENTS should have a say in the MEDICAL decisions for their children and the government is continuing their gross over reach.

Facts regarding this vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-1

-more kids have died from influenza in 1 year than from Covid yet we don't require influenza shots

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

Sincerely,
Kelly Payne

From: Michelle Cuykendall
Sent: 2/17/2022 5:41:45 PM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

Do what you all keep saying..."follow the science". Kids do not need a totally unproven vaccine. Why don't you wait ten years until there's some actual safety data??

From: Karissa Luff
Sent: 2/24/2022 12:17:16 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C03fc86d52f024769be8608d9f7d2a5ca%7C>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C03fc86d52f024769be8608d9f7d2a5ca%7C>>

Reason 3: The Vaccine does not reduce transmission: <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%7C03fc86d52f024769be8608d9f7d2a5ca%7C>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

From: Testify Online Survey
Sent: 2/16/2022 4:33:55 PM
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:

TAG to consider Covid 19 shots for students

3.

Your Name:

Jennifer Bejcek

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

Changes to chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

Requiring covid 19 shots to enroll in school would create a hardship on many families who do not wish to have their child injected with a liquid that does not have a proven long term track record of low risk vs high benefit. You will have mass un-enrollment of public school students. It is not needed. ZERO kids in my county have died of covid. There is NO need for kids to be required to have this to enter school. Parents will decide for themselves with the involvement of their family doctor.

From: Benny Stafford
Sent: 2/23/2022 6:21:23 PM
To: DOH WSOB
Cc:
Subject: 318B2F15-534B-4558-BE6D-2AAE3534EB74

External Email

Please do NOT add the COVID-19 vaccine to WAC 246-105.

See New York Times' recent article "The CDC isn't publishing large portions of the Covid data it collects."

<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%2Fcovid-cdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf854ce9f7d0a4247e4f508d9f73c3ef8%7C11d0e>>

Your TAG group has provided faulty data and everyone knows it.

The vaccine is too old and wanes too quickly. Omicron is taking over. The risk in children is too low. And the long term data isn't there. Parents don't like this scenario.

Common sense suggests we should NOT add this vaccine to a required list.

I have 5 kids and I can tell you this, I will NEVER allow my children to be a lab rat. We adults don't need our children to get a jab to protect our community.

Let the adults take the risk.

Mandating this vaccine will cause an uproar and most of my friends, vaccinated and unvaccinated, are already saying they will pull their kids out of school if their kids are forced to get the jab.

The TAG's presentations have serious holes and do not include natural immunity. The CDC has even announced that COVID deaths reported over the last year are not accurate. This data was pulled from a set of ~1M people, but still indicates serious issues with data sets. Of these 1M people, the people who died with COVID died with existing morbidities and were hospitalized WITH COVID and not BECAUSE of COVID. I'd point you to the GMA interview but the factcheck websites and videos have far outnumbered the original interview. Here's a segment on Rumble: <https://rumble.com/vsbhis-cdc-director-notes-high-number-of-deaths-among-those-with-co-morbidities.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvsbhis-cdc-director-notes-high-number-of-deaths-among-those-with-co-morbidities.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf854ce9f7d0a4247e4f508d9f73c3ef8%7C11d0e>>

I personally know someone who's mother died of a heart attack in front of them and when the death certificate sent by the hospital arrived, it indicated Covid as a cause. She had no symptoms at the time of death but must have tested positive while they tried to revive her on the way to the hospital.

Thank you for your time,

Ben Stafford

From: Lisa Wilcox
Sent: 2/17/2022 3:02:08 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: Chandra Williams
Sent: 2/24/2022 1:03:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Chandra Williams

Concerned Lakewood citizen

253-576-1817

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: Shanna Schubert
Sent: 2/17/2022 1:22:11 PM
To: DOH WSBOH
Cc:
Subject: Vaccination mandate for youth

External Email

To Whom It May Concern,

I approach this email without malice or ill intent. Our communities and formal organizations are only doing what they think to be best. I am grateful to not be in the position of final decision maker for these issues, but I am an elementary school counselor. This puts me in the unique position of advocate to all children. I have done much research in the midst of covid, from all the data I have seen, covid has proven to be - by definition - statistically insignificant and not fatal.

To require students to take a vaccine to attend school or to wear a mask when it has proven to not be fatal, is discriminatory. Our students have the most impressionable minds yet our decisions are negatively impacting them the most. The beauty of the free country we live in is the ability to make an informed choice. At this point we all are aware of the risks involved and have seen all of the data to back up our choice of whether or not to vaccination or mask our children.

I am hopeful that Washington will progress towards freedom of choice for our families and students. I fear that requiring certain standards based on vaccination status is going to create a larger divide than there already is and by definition is discriminating someone based on a characteristic.

If families choose to wear a mask or vaccinate their children this should be a choice that is supported as well as if a family decides not to vaccinate or mask their child. This will only encourage our young students to understand that making decisions for their own body is in fact their own choice.

Thank you and I am optimistically awaiting progress on this issue,

Sincerely a Washington state elementary school counselor

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Debra Wells

Sent: 2/17/2022 1:05:39 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),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: Final licensing of the vaccine.

External Email

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 baring 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 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:

high to mandate vaccines. The risk of Myocarditis from the vaccine is way too

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%7C0b5687fb69d74294360b08d9f2593ddd%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%7C0b5687fb69d74294360b08d9f2593ddd%7C11d

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D

– 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%7C0b5687fb69d742
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%7C0b5687fb69d74294360b08d9f2593ddd%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.

Figure 1: US weekly deaths by age group. Data
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fdata%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%2Fncchs%2Fnvss%2F1a%2F1a11%2F1a11_000001.pdf 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?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

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%7C0b5687fb69d74294360b08d9f2593ddd%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.

children under 18.

Please vote NO on requiring Covid vaccines for

Debra Wells

From: Kathy Storbakken
Sent: 2/17/2022 1:02:00 PM
To: DOH WSBOH
Cc:
Subject: Vaccines Mandated for School Children 2022-2023 school year

External Email

To The Board of Health,

I would like to oppose the Mandatory Vaccination of Children in the 2022-2023 School Year. I strongly object to this Mandate by Governor Inslee.
The reasons I object are as follows:

This vaccine has not been through the normal trial period a vaccine needs to undergo. Vaccines often take 5-10 years to be approved.
This vaccine is causing adverse effects in teenage boys. Myocarditis is Documented in many cases of young boys who have been vaccinated.
This is still an Emergency Authorized Vaccine. It is a massive experiment.
The Vaccine presents more problems then CoV19 to children.
This Vaccine has potential to cause permanent damage to the nervous, cardiovascular, Reproductive and Immune System of Children.
Children are at low risk of contacting Covid and then infecting their parents and grandparents.

Please consider my concern and decide against mandating the Vaccine for our precious Children.

Sincerely,
Kathy Storbakken

Sent from my iPad

From: Hisaw, Melanie (SBOH)
Sent: 2/16/2022 8:52:28 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:33 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <mailto:Flothow@hotmail.com>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Becky Ellison
Sent: 2/17/2022 2:45:58 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccines for kids

External Email

Please don't require that school children be vaccinated for Covid. If, after enough testing and studies have been done (which should take several years!) proving they are not harmful, then consider it. But it is far too soon to mandate this risky vaccine for children.

Thank you.

Becky Ellison
Everett, Washington

From: DOH Information
Sent: 2/17/2022 11:11:17 AM
To: DOH WSBOH,DOH COVID Vaccine
Cc:
Subject: FW: Question/Comment from the public



attachments\10B4EE0E161B47FB_image001.png

Hello,

Below is public comment on covid vaccination of 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: Wednesday, February 16, 2022 9:49 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:

Please send this to Department Heads: physicians and nurses. This is a report from Dr. Robert Malone on the dangers of vaxing children. Please heed this important message. There is a 4 minute video: Dr. Robert Malone Narrative: Posted December 14, 2021- Invented mRNA Full Text of Malone's Statement: My name is Robert Malone, and I am speaking to you as a parent, grandparent, physician and scientist. I don't usually read from a prepared speech, but this is so important that I wanted to make sure that I get every single word and scientific fact correct. I stand by this statement with a career dedicated to vaccine research and development. I'm vaccinated for COVID and I'm generally pro-vaccination. I have devoted my entire career to developing safe and effective ways to prevent and treat infectious diseases. After this, I will be posting the text of this statement so you can share it with your friends and family. 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. see below link: Warning to all Parents

3.

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

www.leohohmann.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.leohohmann.com%2F&data=>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Annette Rousseau

Email:

annetter@theenrichmentguild.net <<mailto:annetter@theenrichmentguild.net>>

Telephone:

480-231-4341

5.

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

annetter@theenrichmentguild.net <mailto:annetter@theenrichmentguild.net>

From: L
Sent: 2/24/2022 9:58:34 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please forward this to all board members.

I feel the children should not be forced to have the covid vaccine in order to attend school. Per the Constitution, Everyone! has a right to an education! And they shouldn't be forced to choose between this vaccine or an education. I appreciate what your board does, even though I don't know the full extent of that. 'The People' should be consulting their own physician for medical advise. Maybe your job should just be environmental problems and opinion on health matter? But your appointment should NEVER be for make medical decision/s for any individual/s.

I'm hoping this board, too, hasn't been corrupted by political agenda. Any of you voting in favor of this mandate need to know that this is a violation of civil rights. As I sad, no one on your board has a right to make health decisions for others. PARENTS AND PARENTS alone should make that decision!

How about this idea: if a parent wants there kid to receive the vaccine, then they can get it (they'll be vaccinated and protected, right? And the unvaccinated can't harm them right?)

And the parent who doesn't want their kids vaccinated, they don't have to. Wow....what a great concept! Any other decision other than this will clearly show this is political. And 'the children' should not be used for political reasons or to help support pharma. Remember, parents will defend their children's health at all cost. As we know, police officers are being held responsible for their decision making, this rule also applies to all government servants. Yes you on the board are servants of 'the people'. Just like Inslee is a servant. If police can be sued for civil rights violations, then this applies to all servants of the public. And we will all protect our Civil Liberties. Look, Covid ran it's course. It's over. I'm a retired professional and know many in politics, health care, law enforcement and more. It's time to quit trying to control the public's movements. No one has that right! Inslee over stepped his boundaries along time ago. I know, I've seen it for myself and I've been given the reason he was allowed to get away with it, for now. Lets not be a part if that. Yes, he gave you that position, but you don't owe him.

Over time, the dust will settle and the truth will be revealed. I know, after years as a professional investigator, I've learned there are still those that can't live with guilt. They have already and others will eventually break their silence.

Good day to you all

One day we will all have to stand in front of God

From: annalisesmom46
Sent: 2/24/2022 11:22:08 AM
To: DOH WSBOH
Cc:
Subject: E547702F-DA3F-4913-A967-4333F06AB48D

External Email

I would truly hope that you would not pass this bill to force kids to get the jab to attend school. This is mind boggling that so many people are ok with this happening . I really hope you guys think about this.

Sent from my Verizon, Samsung Galaxy smartphone

From: Kevin Antholt
Sent: 2/24/2022 12:02:38 PM
To: DOH WSBOH
Cc:
Subject: A Public Comment to Technical Advisory Group for Covid-19 Inclusion.

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8f0439e1f0bc45252de408d9f7d09a96%7C>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8f0439e1f0bc45252de408d9f7d09a96%7C>

Reason 3: The Vaccine does not reduce transmission:

<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%7C8f0439e1f0bc45252de408d9f7d09a96%7C>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

-Kevin Antholt

From: JaneDoe19935
Sent: 2/16/2022 9:30:47 PM
To: Bay, Kathy W (DOH),DOH WSBOH
Cc:
Subject: Childhood Immunizations



attachments\C7199161230E45BF_image.png

External Email

Project Veritas comes through again.

FDA Exec On Camera Reveals Future COVID Policy "Biden Wants To Inoculate As Many People As Possible"

<https://www.youtube.com/watch?v=6nSXHrmOy8o>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

FDA Executive Officer Exposes Close Ties Between Agency and Pharmaceutical Companies

https://www.youtube.com/watch?v=ay2_AY9uyOU
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

The gig is up. Stop this farce of a debate on adding the Covid inoculation to the immunization schedule. It's for the money. Not about health. We know this.

You know children are being injured by this shot. Your data on children 5-11 only covers 6 weeks! If you push this through, you will be responsible for every Washington childhood injury or death caused by this experiment. How can you sleep at night. Do the right thing and stop this now.

From: travishgore1

Sent: 2/22/2022 8:29:13 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),smantha.pskowski@sboh,Donahoe, Kaitlyn N (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to Covid 19 shot mandates for entry to public schools



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External Email

To whom it may concern,

This email is to serve as my public comment against mandating the Covid 19 mRNA and adenovirus shots for children to attend public school. Children are not adversely affected by the Covid 19 virus. It is now widely understood that most children in WA state have had the virus and recovered. The shots don't protect anyone from contracting it or spreading it. The companies and interests that made the shot claim it reduces risk of hospitalization. (That data is still not clear). The pharma companies are immune from lawsuit if our children are adversely affected which would bring the burden to the State. We Washingtonians do not want to risk our state being responsible for possible widespread long term affects of this drug. Below are recent studies on the durability of natural immunity. This also supports the idea that most unvaccinated adults and children should not be made to wear a mask any more than a vaccinated person as at this point most Washingtonians have received immunity one way or another. If we are to release ourselves from the pandemic long term, it is my belief that especially with milder variants becoming endemic, that it is not worth putting our children at risk of the well documented possible adverse affects of this new and experimental technology. The stock in Moderna is down 71 percent as a result of doubt of its efficacy and it's documented side effects. Pfizer is down 21percent. Does this not show us that the market is reflecting this risk? This is our future generation. We absolutely MUST not be reckless by forcing a new medical technology on them. We have not been properly informed as the data from the trials have not been fully released.

Thank you and I desperately urge you to make the compassionate and cautious decision

to vote NO.

With Gratitude for your service to our great state,

Travis Gore

<https://jamanetwork.com/journals/jama/fullarticle/2788894>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Ffullarticle%2F2788894>

Subject: Nearly 35,000 Reports of COVID Vaccine Injuries Among 5- to 17-Year-Olds, CDC Data Show

attachments\F8CE002CBDF14B08_1645832347353blob.jpg

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2F)

, including deaths, during the same time period — up 4,130 compared with the previous week.

Excluding "foreign reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fwonder%2Fhe>
" to VAERS, 740,000 adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
, including 10,316 deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
and 67,496 serious injuries

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
, were reported in the U.S. between Dec. 14, 2020, and Jan. 21, 2022.

Foreign reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fwonder%2Fhe>

are reports foreign subsidiaries send to U.S. vaccine manufacturers. Under U.S. Food and Drug Administration (FDA) regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and does not appear on the product's labeling, the manufacturer is required to submit the report to VAERS.

Of the 10,316 U.S. deaths reported

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Fsearch%2Fsearch.jspx%3Fid%3D6789&cid=6789&context=vaersdb>
as of Jan. 21, 19% occurred within 24 hours of vaccination, 24% occurred within 48
hours of vaccination and 61% occurred in people who experienced an onset of symptoms

[illegible]

In the U.S., 532.4 million COVID vaccine doses had been administered as of Jan. 21, including

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fourworldindata.org%2Fgrapher%2Fvaccine-doses-by-manufacturer%3Fcountry%3D~USA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7287d1a30c5487bc312> million doses of Pfizer, 202 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

Every Friday, VAERS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-jr-david-kessler-covid-vaccine->

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/files/2020-04/20200401%20-%20lazarus-final-report->

2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7287d1a30c5487bc1c108d9f8bad470%7C11d0

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-us.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&cid=987654321>
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>

of myocarditis and pericarditis (heart inflammation).

* 24 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C

, including 1,588 rated as serious

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

19%26SERIOUS%3DON%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE

and 37 reported deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

19%26DIED%3DYes%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3

.

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>

) 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>

) 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>

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>

.

* 609 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

of myocarditis and pericarditis with 597 cases

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

attributed to Pfizer's vaccine.

* 154 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

of blood clotting disorders, with all cases attributed to Pfizer.

From: Andy Waldron
Sent: 2/17/2022 7:47:12 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: Betsie Elliott
Sent: 2/18/2022 7:45:22 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunization TAG

External Email

This process is completely corrupt.

1. The data presented is using Pfizer data. Your experts are still pretending that the vaccine is "effective."

2. Why don't you present both sides of the story, we all know you've selected individual "experts" to suit your preferred outcome? It's very disingenuous for you to go through the motions knowing what the outcome will be.

3. I find it curious that the side effects of these vaccines are downplayed. "they're rare," using that logic so is MISC and death from COVID.

4. Why is it that the vaccine efficacy is always played up, but the side effects are always downplayed? Why is it that immunity gained from the vaccine is always played up, but natural immunity is always downplayed despite nearly 150 studies that say otherwise? Is this to sell vaccines and enrich people even further?

5. Why are other countries saying the risk of these vaccines outweigh the benefit of them, but yet all your experts ignore that? Dr. Kronman cited data from Israel to support the effectiveness of the vaccine, but why didn't he use safety data from other countries?

6. When I hear "we just don't know yet" that right there should stop this process right in its tracks. My children don't need to be experimented on.

7. Dr. John Dunn is spreading misinformation, there are pediatric deaths from the COVID vaccine. <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/10.5858/arpa.2021-0435-SA/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6e183238f0cb4156f31508d9f2f59b1a%7C11d0e2172>>

8. What happens in 3-5 years down the road and these kids injected with this vaccine have significant, life impacting side effects can we hold you personally responsible?

9. Your "experts" gaslight people who have had severe side effects by discounting the reporting system that most people have access to.

10. Every single piece of data that was presented through the first 2 hours has been cherry picked and manipulated to suit the desired outcome.

11. Why did 2 FDA vaccine experts resign? Something is not right there.

12. Why are we still not talking about immunity from a prior infection? How can we say these vaccines are safe for people with priority immunity, this has never been studied?

13. If we're going to talk about the FDA VRBAC let's visit a comment by one of the panel members. Dr. Cody Meisner MD, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccines are safe. We have tested that vaccine for decades. And we know, we have a very good sense of what the adverse events are. We do not have that with this particular messenger RNA vaccine." Many of the panel members on the VRBAC committee also expressed concern about this vaccine not being mandated, because there were far too many unknowns.

14. Ask yourself this, why did Pfizer withdraw their application for use in India, when the Indian government said they wanted to run their own study?

15. As for CDC credibility that you cite. CDC director told ABC "no adverse events among vax recipients, & denied seeing any cases of myocarditis among vax'd kids 5-11.

On that same day, however, data from her own agency showed the CDC was aware of at least 8 cases of myocarditis within that age group." One of your experts gleefully stated there are no reported myocarditis events in kids 5-11, but this isn't accurate.

16. I'm also curious where I can get injected with a fully approved version of Comirnaty. I've been searching for it, but I cannot locate it in all 50 states. Why is this? The only Pfizer available is the EUA version. If I cannot get this vaccine, how can you mandate it?

17. "Expert" Kathy just admitted "we've never approved a vaccine like this before." Speaking on the approval process. And yet we're moving full steam ahead with a vaccine that we don't know about long term side effects.

I had to log off this meeting and leave my house, because I was so enraged listening to what I witnessed. I strongly believe each and every person, with exception of maybe Jake, are disingenuous people. I had hoped that maybe, just maybe this group would look at the data with independent eyes, but given the evidence I've seen the leadership of the TAG are medical doctors in disguise as political hacks. You should feel shameful that you are only looking at data that supports your beliefs.

-Betsie Elliott

From: Jaclyn Swanson
Sent: 2/17/2022 10:36:21 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), DOH WSOH, 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)
Cc:
Subject: Re: Mandatory vaccinations for children to go to school

External Email

Hello there!

I'm watching your meeting today. As far as I'm concerned, if there are any risks whatsoever to your heart, especially in my child's heart, that's too big of a risk. Especially when you already have heart issues in your family. It's funny how you lump teenagers in with adults sometimes, but then with the children others. Teens are still children. I will not risk my child's health so you can get rich off of your experimental "vaccines".

Also it's funny how you're basically trying to make the VAERS report unreliable because anybody can report on it. Just another way for you to try to hide the bad things that are happening to our people from your experimental "vaccines".

Getting sick is a normal part of life, that's why we have immune systems to fight off bacteria and viruses. The fact that you're trying to force everyone to get your experimental "vaccine" so they don't have to be a little inconvenienced by getting sick for a week or two is just ridiculous. And funny how you say that the "vaccine" doesn't mutate genes whatsoever.

My mother in law has cancer and an extremely rare gene mutations going on in her body right now. The doctors are stumped. And yeah, she was brainwashed enough to get all your experimental "vaccines" and boosters. And she's so brainwashed that she doesn't think that your experimental "vaccine" is what's causing her issues right now. But I know better.

There are no side effects that are acceptable to your experimental "vaccine". I'd rather my children and everyone I know and love get covid before they take your experimental "vaccine".

I'll say it again, if you make this a requirement for children to go to school, you will be losing many many children including mine. I will not subject my children to your tyranny and bullying.

Thank you very much,

Jaclyn Swanson

On Wed, Jan 5, 2022, 11:00 AM Jaclyn Swanson <jackieswansong@gmail.com>
<mailto:jackieswansong@gmail.com> > wrote:

Good morning,

I am a very concerned parent here to discuss why this unconstitutional mandate is being made against our children now. These "vaccines" are causing more health issues than actually getting covid. I can sit here all day and send you stories from people and children who have been negatively affected by these experimental "vaccines". Young kids getting heart issues, among other things. And it's not just the kids. Why is the inventor of MRNA being silenced and censored? He is against these experimental "vaccines" and he was the inventor. Yet you're still trying to force these illegal mandates so you can

make more dirty money. You people don't seem to care one bit about the health of the people you work for. You want us to all live in fear of a virus that is over 99% survivable. And why are children being endangered of being forced to take this experimental "vaccine" when supposedly they have a way lower chance of getting the virus anyway? And your "vaccines" aren't even working. If this wasn't about money, you wouldn't be trying to force these experimental "vaccines" on people. Whatever happened to freedom of choice? No matter, you'll all get what's coming to you when all the lawsuits win. And they will. We, the people, will win against these illegal, unconstitutional, against the Civil Rights Act, and the Nuremburg Code, mandates.

When will this end, when everyone has to get 100 booster shots? More? And don't even bring up the flu shot, that's a whole other ridiculous issue. You just guess which strain you think is going to be worse. I've done my research and heard from actual nurses about that whole racket.

I guess you just want to keep the public in fear so you can keep filling your wallets and bank accounts.

End this madness. Stop with these illegal mandates!

My children will immediately be taken out of school, as will many others, if this comes to pass. You will NOT endanger my children! Public schools have already lost hundreds of thousands of students just from parents being tired of the indoctrination of their children. I lost my job because of these illegal mandates.

Please, if you truly care about the well being of these children, you will NOT let this pass.

Sincerely,

Jaclyn Swanson
A VERY concerned parent

From: SteveandJoan Bator
Sent: 2/22/2022 6:01:05 PM
To: DOH WSBOH
Cc:
Subject: Covid 19

External Email

I am writing to officially share my opinion that Covid -19 vaccination should NOT be required in public schools. Vaccination is an extremely personal choice, and should be decided upon by parents with input from their doctor, and driven by personal and religious beliefs. This vaccine does not prevent Covid and data has shown it is unnecessary for children. Do not require this.

Joan Smith
Parent and Educator

Sent from my iPhone

From: Johanna Stromberg
Sent: 2/27/2022 11:31:33 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: Cathy Schlieman
Sent: 2/16/2022 10:20:36 PM
To: DOH WSBOH
Cc:
Subject: chapter 246-105 WAC

External Email

We were very upset and disappointed with the vote of the TAG team last week. We all know now that these Covid-19 "vaccines" DO NOT stop you from getting Covid nor do they stop a person from transferring it to another. So why get this shot? Especially since we have known treatments? When a child gets the MMR vaccine shot, they are very likely NOT going to get the measles nor pass the measles onto another person. But this is not so WTH the Covid-19 "vaccine". So, isn't it common sense that this "vaccine" does not work? Why are we wasting time even considering it? We are concerned grandparents with grandchildren in elementary school. Children and teens have a 99+% chance of being just fine and recovering naturally from Covid-19. The injuries and harm from the experimental shot have not been accurately reported and no one even knows what the long term health effects will be. We all know now that there are supplements/vitamins and medicines that successfully treat Covid-19 symptoms without needing the experimental shot. Why put our children at risk of this unknown substance? This experimental shot was originally intended for the elderly and health compromised. Why were known treatments denied? Why are people blind to what is really going on? Look at Israel who has a high percentage of vaccinated people Why are they still getting sick? Maybe their immune systems have been compromised by the shots? Look at India where low numbers were vaxxed and they had Covid kits containing zinc and vitamin C and Vitamin D and Ivermectin. How come they have such a low rate of Covid? Do the Covid shots truly work? Why give shots when we have treatments that work? More money for Pfizer? Greed is such an evil sin. We are going to have more variants in the future but is this "vaccine" even going to be the right one for the next variant? Leave our children alone. We already know we have treatments so a "vaccine" is not necessary. Stop this madness! Use common sense.

Sincerely,
Jeff and Cathy Schlieman

Sent from my iPhone

From: Gavin Stanley
Sent: 2/24/2022 2:12:49 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0e7a84abc45847fd17f708d9f7e2a8ff%7C>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0e7a84abc45847fd17f708d9f7e2a8ff%7C>

Reason 3: The Vaccine does not reduce transmission: <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%7C0e7a84abc45847fd17f708d9f7e2a8ff%7C>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Gavin D. Stanley

From: David Rubino

Sent: 2/16/2022 12:33:18 AM

To: Jeremy

Munn,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)

Subject: Follow the good example of Kettle Falls and Richland

External Email

School boards and superintendents,

I am writing to ask that you follow the example of Kettle Falls and Richland and disregard the unlawful order to force children to cover their faces against their will.

I know you care about kids... and I know that you care not just about their education and health, but about their human rights. Forcing a child to wear a covering over their face against their will is a human rights abuse.

Just two years ago, if you found that a teacher or a principal had created a policy to force kids to wear masks to stop them from "spreading disease", you would have taken action against them! And you would have cited the WHO and the CDC who agreed that masks were useless against airborne illness and that forced covering of the face and head is a historically a tool of subjugation and marginalization. Nothing has changed in those two years. Human rights must be defended everywhere, even here at home.

I know you care, and that you are not the villains. The villains are the evil men who claim to rule over you.... Jay Inslee, Umair Shah, Chris Reykdal, Dow Constantine, and Jeff Duchin. These men may mean well... but they are evil because they believe their opinion is enough to force a child to cover their face against their will. Evil is found in action, not just intent.

In the United States, the abuse of human rights by a government official is a CRIME. You are being instructed to carry out a crime. You do not have to do this. You not only have a moral obligation not to listen, but you have a legal right as well. An unlawful order can be disregarded. You will WIN if you sue, and you will WIN if you are sued.

Respectfully...

-David Rubino

Issaquah School District

From: Jeremy Munn <jeremy_munn@hotmail.com>
Sent: Tuesday, February 15, 2022 11:49 PM
To: Dow.constantine@kingcounty.gov; coronavirus@kingcounty.gov;
joholmen@lwsd.org; jeff.duchin@kingcounty.gov; 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;
maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu;
weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu;
moorea@issaquah.wednet.edu; gallingerh@issaquah.wednet.edu;
thieler@issaquah.wednet.edu; 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
Subject: Make Masks Optional in Schools

Hello,

With the science proving that masks are ineffective and children are not at high-risk of serious COVID conditions it is time for you to follow the rest of the country and drop the mask requirement in schools immediately. Masking children at school is not saving lives and instead is harming their educational, social, and emotional development.

Make masks optional, as there are plenty of solutions for any concerned parents to voluntarily mask, vaccinate, or choose remote schooling for their children. Please don't continue forcing an outdated mandate on the rest of our children that no longer wish to wear masks and simply want to see the faces of their friends and teachers.

Thank you,

Jeremy Munn

3rd Grade Parent - Bellevue, WA

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 7:21:37 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: KATRINA HARRIS <katrina.harris1@hotmail.com>
Sent: Wednesday, February 23, 2022 6:28 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to

please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: Tahnee Brock
Sent: 2/17/2022 10:00:14 AM
To: DOH WSBOH
Cc:
Subject: Vaccination for school age

External Email

To whom it may concern,

Hello, my name is Tahnee Brock. I am a former hair stylist of 9 years and I "retired" to stay at home with my 4 year old son a year and a half ago.

We are all entitled to make our own individual decisions for ourselves and our children without judgement, damnation or penalty, and our children most definitely should not be the butt of this decision.

Liberty is the state of being free within society from oppressive restrictions imposed by authority on one's way of life, behavior or political views. The constitution of the country we reside in says that liberty is freedom from arbitrary and unreasonable restraint upon an individual.

Discrimination is the unjust or prejudicial treatment of different categories of people or things.

Segregation is the action or state of setting someone or something apart from other people or things.

I do not believe that the COVID Vaccine should be required for school age children to attend school. If the parents choose that the vaccination is best for their child or their family, that is fabulous and good for them for making that decision. If the parents choose that the vaccination is not going into their child's body, then good for them as well. Let me emphasize it is the parents' decision and it is our right to choose what is best for our children. Going to school is a right that every child has regardless of their status in society of wealth, gender, race, and should also not be discriminated against. If we are going to teach our children that they can choose to be gender fluid and race doesn't matter then most definitely it should not be an obstacle to include it doesn't matter what your COVID vaccination status is.

I understand some parents feel it might be beneficial that all children receive the vaccine because their child has medical issues. I have allergies, but yet I do not need everyone to take allergy medicine for my medication to work. Interesting how that works, isn't it? I am also deaf, but yet I do not need to tell people to stop having concerts or large crowds because I can't hear.

Children should not be drawn into this dress rehearsal any further, this is enough.

Thank you for your time,
Tahnee Brock

From: Margo Peery
Sent: 2/20/2022 11:33:59 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. What happens if Government wants to mandate that you yourself have a medical procedure that could harm you permanently? Do you really want government to have that much control?

From: Angelica Johnson
Sent: 2/20/2022 6:10:21 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Angelica Johnson
Tacoma

From: Kahler, Kelie (SBOH)
Sent: 2/22/2022 7:54:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Please fwd to all Board of Health Members

From: Melissa Moser <mmoser.moser@aol.com>
Sent: Tuesday, February 22, 2022 2:58 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Please fwd to all Board of Health Members

External Email

Hello,

Thank you for your consideration with this information regarding Covid vaccines and safety concerns

from Children's Health Defense:

<https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/physicians-scientists-kids-should-not-get-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd0b82e5d42b54cb0cc9808d9f61b98c2%7C>>

Sincerely

Melissa Moser

From: Keith Magalhaes
Sent: 2/20/2022 3:35:42 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Julie M
Sent: 2/24/2022 11:49:07 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I am very concerned about the lack of information and data for long term effects of this emergency use authorization gene therapy.

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca65fc242440a44a9ef9d08d9f7ceb6cf>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca65fc242440a44a9ef9d08d9f7ceb6cf>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca65fc242440a44a9ef9d08d9f7ceb6cf>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: nthannisch
Sent: 2/17/2022 8:56:37 AM
To: Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery, MD (DOHi)
Subject: Re: Equitable Regulations

External Email

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

From: Vanessa Hansen
Sent: 2/24/2022 12:37:54 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d1bce7645ec4be0743808d9f7d587>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d1bce7645ec4be0743808d9f7d5875>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d1bce7645ec4be0743808d9f7d5>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:21:16 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\7A534AA95DBB41A7_20220221180620331.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:06 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: 02.21.2022 18:06:20 (-0800)

Queries to: ricoh@doh.wa.gov

"I do solemnly swear
(or affirm) that I will
support and defend
the **Constitution** of
the United States
against all enemies,
foreign and domestic;
that I will bear true
faith and allegiance to
the same; that I take
this obligation freely,
without any mental
reservation or purpose
of evasion; and that I
will well and faithfully
discharge the duties of
the office on which I
am about to enter: So
help me God."

As an educator, I cannot support this bill
to add the Covid vaccine into the requirement to
attend school. This has to be a choice for parents
and families to make as it is still an experimental
drug and too early for something this drastic.
Please stop making decisions for people.



Sent Via-mail to All Board Members



Share Dunn
17925 S. Aspen Meadows Dr.
Cheney, WA 99004

Are you kidding me?

From: Glasoe, Stuart D (SBOH)
Sent: 2/23/2022 10:22:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Corrie Bechtold <cowgirlup_730@msn.com>
Sent: Wednesday, February 23, 2022 8:20 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>

Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that if you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Glasoe, Stuart D (SBOH)
Sent: 2/24/2022 10:20:50 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Ryan & Sheriah Little <rslittle5@gmail.com>
Sent: Wednesday, February 23, 2022 9:05 PM
To: DOH Secretary's Office <DOH.Secretary@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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

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Thank you.

Sheriah Little
RLS
Reliable Labor Services LLC
reliablelaborservicesllc.com
(425)350-9034
(425)350-8967

Sent from my iPhone

From: Krys Mendoza
Sent: 2/20/2022 2:59:05 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Krystlelyn Mendoza Paras

From: Judy Holmes
Sent: 2/16/2022 10:55:08 AM
To: DOH WSBOH
Cc:
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Board,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F2RkPFeeUD7OIUsnH2XpsaCL-IgVrxUz2gtmGyUjNtOJak8n0mnntSCj2kRFXCIsh2-6W4KGGFM9tMXApyNMotcdBagmSsokzAC39wzuuKB2IU3CBwj4FjB4N_mA-UkSymGetW7nxrxv7blZ2Vyr4V-ft2sotp0dYsGWiv4oqJe6ltuP7K-TinyQY1rNmVDEuqOg71omec-pRuVFoUA66OWqZk3_fRL_OtPuPQLJ5Q4Q2-QQPub119htN2-K6x1APixHcgpOpeUdSLxFPPeyMEXMTd7JJDVVC9IKMIA1MXoSbRGiYBq3FSBrwlNpVNCEfi8EfjwWI0w&data=

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FIGcTVkpP9waPbSY0-

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W6h__EbWAYw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C146d6d05febd471d3b3d08d9f1bff966%7

Like

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2
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Thanks for subscribing to Steve Kirsch's newsletter

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548 Market Street PMB 72296, San Francisco, CA 94104

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From: Nicholas Haddan
Sent: 2/25/2022 1:20:01 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: ocnz@juno.com
Sent: 2/17/2022 10:23:33 AM
To: DOH WSBOH
Cc:
Subject: covid vaccine requirement

External Email

Please don't do this to our children. Please listen to the doctors and researchers who have discovered that:

This vaccine presents more risk to children than Covid-19 - especially the Omicron variant predominant today. And the research supports the fact that subsequent variants are always less harmful. We all get the flu from time to time but we let it run its course. It's time to let this run its course.

Did you know that there are many documented cases of myocarditis in children, especially boys, related to the shots and that the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children? Have you read about the autopsies showing major blood clotting in people who have been given this shot?

Also, why should this vaccine be required when the original virus for which it was developed is no longer a widespread threat? It is proving to be useless against later variants. In fact, many people are getting Omicron who have been vaccinated for covid.

Please don't make this a political issue.

Nancy and Ed Oczkewicz
Skagit Valley

From: Melissa Hart
Sent: 2/24/2022 7:22:56 PM
To: DOH WSOH
Cc:
Subject: Covid vaccine for students, PLEASE!

External Email

Please DO NOT mandate the Covid vaccine for school children to attend public school!! This vaccine is experimental, and the safety data hasn't even been released for us to view. There is no long-term studies on how this affects humans let alone children.

Covid barely impacts healthy children. That is what experts and scientists have been saying all along. It makes zero sense to mandate a vaccine for children that have little to no risk of dying from or end up in the hospital.

The vaccine does not protect against transmission and you can still get Covid if you're vaccinated. I know this because a good portion of my friends are vaccinated and even have had their boosters and they still got Covid. I myself am not vaccinated and have had Covid twice one year apart. I am immune compromised and am on immune suppressant's and Covid was like a cold for me the first time and they second time all I had was a scratchy throat and a slight backache.

My three children were barely impacted by Covid. They were even jumping on the trampoline on day two.

I have pulled two out of my three children from public school this year to homeschool so that my children didn't have to wear a mask for seven hours a day. One daughter had headaches daily and my other child was in special Ed and the mask was effecting her learning.

Now that the mask mandate is being dropped I will be sending them back. But if I find out that the vaccine will be mandated in order to attend public school I will pull all three of my children from public school. And there are thousands of parents that will do the same.

It's a parents choice if they want their child vaccinated or not. My children are fully immunized and I believe it's important for that. However there is not enough data on the Covid vaccine.

Covid will be around for a long time we cannot vaccinate our way out of this. We have to learn to live with it. Please do the right thing do NOT add Covid vaccine to the list in order to attend public school. Families will not be able to get exemptions because doctors are afraid of losing their licenses if they sign them so if you mandate the covid vaccine there will be no options for families.

Thank you,
Melissa Hart
Sent from my iPhone

From: Leatha Black
Sent: 2/24/2022 11:45:53 AM
To: DOH WSBOH
Cc:
Subject: Tag Voting - Covid 19 (Public Comment/Concern)

External Email

I am a parent of a child in Public school.

I do not agree with adding covid-19 vaccine to the states required immunization list.

As you have pointed out that research is still new and coming out everyday regarding the vaccine.

I know a nurse and their facility who are fully vaccinated and still got covid and had mild symptoms.

Ignoring natural immunity and the fact that this virus will remain around and the lack of extensive data regarding the vaccine I decline my child from receiving this vaccine.

I will not allow my child to received this rushed vaccine and do not agree with this requirement.

Sincerely,

A concerned citizen.

From: Mari Plombon
Sent: 2/19/2022 12:42:47 PM
To: DOH WSBOH
Cc:
Subject: Requirement of proposed Covid19 vaccination.

External Email

People,

1. Covid vaccination is not current nor necessary for the variant (Omicron) that are now the population..
 2. Children do not become overwhelmed with the virus as they have functioning immune systems. They are low low risk from covid 19.
 3. The emergency authorization and need is not mandated by the FDA or the CDC for children. now nor ever was..
 4. The risks of the vaccination to cardiac, nervous system and reproductive is great.
- I am strongly against forced vaccinations and requiring invasive medicine to place for basic public health such as handwashing, hygiene , fresh air and staying home when sick.. I request that the WASHINGTON STATE BOARD OF HEALTH TEACH THESE PREVENTION PRACTICES that has life long benefits and STOP this vaccine mandate.

M. Plombon

From: Bridgett Peschek
Sent: 2/27/2022 1:47:28 PM
To: DOH WSBOH
Cc:
Subject: Mask mandate



attachments\E844208CFF964B11_IMG_5146.jpeg

External Email

Hello,

My name is Bridgett. I'm a parent of one elementary-aged child and two middle school-aged children who attend school in the Tahoma School District in King County Washington. I'm writing to ask that you please remove the mask mandate immediately. I've gone along with the mandates in spite of the mounting evidence showing that masks are having no effect on the spread of COVID-19, but several things that my children have told me regarding mask policy in their school have alarmed me to the point that I feel that it's time to make masks optional for these kids. My kids have also mentioned other worrying details about day-to-day masking at school: other children telling them their mask isn't fitting properly which is causing anxiety and a divide, masks falling on the ground only to be placed back on the child's face, wearing them in the bathroom, setting them down in the bathroom, constantly touching and adjusting the mask and so on. Breathing constantly throughout the day in these masks is also leading to a dangerous build-up of bacteria as well, negatively affecting their health. Data clearly shows that the masks are not stopping or slowing the spread in the slightest. The psychological damage this is causing is also alarming. It can make children feel as if their voices are muted or not allowed to speak. They are unable to read the expressions of those around them and to see smiling faces. They are distracted from their schoolwork if their mask falls below their nose or is not fitting properly. It's harder to make friends with other students and socialize. Our children need to see other children and adults' faces. It will take years to reverse the psychological damage this has caused to students and the community.

The mandate for the schools should be lifted not on March 21, 2022 but immediately. As seen nationwide and worldwide all the mandates are lifting. Why is it that Washington is one of the last ones to lift the mandate and still do not have an end date to King County and Seattle? THIS DOES NOT MAKE SENSE!!! Per the CDC COVID-19 County Check King County we are low. <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fyour-health%2Fcovid-by-county.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C54e52d8a3e3d4127730908d9fa3abd78%7C1>

That means people may choose to mask at any time. We as a community have had enough. If citizens choose to mask up, so be it. It should not be forced. Please lift the mask mandate immediately for schools and all citizens in King County.

Need for assessing the inhalation of micro(nano)plastic debris shed from masks, respirators, and home-made face coverings during the COVID-19 pandemic

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meta study of the effectiveness of non-pharmaceutical health measures

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Need for assessing the inhalation of micro(nano)plastic debris shed from masks, respirators, and home-made face coverings during the COVID-19 pandemic

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Nanofibre health risk quantified

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Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fsearch%3Fq=surgical%2Bface%2Bmasks%2Belastic%2Bstimulate%2Bear%2Bprotrusion%26ie%3DUTF-8%26oe%3DUTF-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C54e52d8a3e3d4127730908d9fa3abd78%7C11d0e2172>

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Thanks for your time,

Bridgett

From: Virginia Schnabel
Sent: 2/22/2022 5:36:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please do not create any new mandates regarding COVID vaccines.

These vaccines are unnecessary and ineffective in preventing the spread of COVID, no matter how many 'boosters' are injected, as the leader of Ontario recently admitted, and as world wide empirical evidence now attests to.

If indeed you are following the 'science', you know any further vaccine initiatives are inappropriate, especially in regards to school aged children, who are not at great risk from this illness.

Please do the right thing and say no to vaccine mandates.

Sincerely,
Virginia Schnabel
Concerned Citizen

From: Jessica Crockett
Sent: 2/18/2022 1:55:08 AM
To: DOH WSOB
Cc:
Subject: Bias information

External Email

Greetings,

It is a well known fact that in order to make an informed decision one must be able to hear information from BOTH sides of an issue. John Dunn is a heavy proponent of vaccines. His job is to reduce vaccine hesitancy! Of course he is going to look for data to support vaccines! His voice should be heard. But you need to have a presentation from the opposing side. You are only seeing data from one side. Voting results could have been predicted within the first several minutes of this meeting. Nobody benefits from PRETENDING we are following a scientific process here. Evidence is only as good as the source that provides it. Data can be cherry picked, distorted, and manipulated to support an agenda. There are people on this team that clearly have an agenda, and ALL speakers are strong proponents of that same agenda. My real world experience doesn't even support this data. It cannot be accurate.

I think we need to remember that this is not just a discussion of whether the vaccine is good or bad. It is a determination by a FEW people that creates a REQUIREMENT for a MAJORITY of the children in Washington. What qualifies these people to determine what is best for kids? Parents are the ones who will make the best decision for their children. The list of required vaccines has become so long. And at an alarming rate. Some other things to consider that the TAG may not be aware of:

Pfizer has a long history of corruption and criminality that includes knowingly falsifying data, and experimenting on people without informed consent.

The CDC just changes definitions whenever something doesn't fit their agenda.

I have talked with multiple nurses who have seen adverse events that appear to be vaccine related and they report that doctors are insisting that the vaccine could not have caused the problem. I even had a doctor tell me, after I listed a few adverse events that happened to others, that they weren't from the vaccine. And I found it very interesting considering she knew none of these people or their medical history. It makes one wonder just how many of these adverse events are actually reported. Based on my experience of doctors so far, I would say adverse events are heavily underreported. We can look at charts all day that suggest the vaccine risks are low. But my personal experience, and discussions with those around me, tell a different story.

It is obvious that the speakers chosen for these TAG presentations represent ONE view. Please allow someone to speak who disagrees! That is such an important part of this process. Dissenting opinions lead to the best and most thorough decisions. Listening to the other side helps us consider things we might not have thought of. You are being unfair to this TAG. They do not have all information available to them.

There is no way that this vaccine is over 90% effective! Absolutely no way! I know many many vaccinated people who have caught COVID and passed it to someone else. You don't have to be a statistician to know those numbers are terribly flawed. Also the VAERS was mentioned, but the numbers were not revealed, nor were they compared with the numbers of adverse events for other vaccines. That data should be shared!

Sent from my iPhone

From: Shelley Safronek
Sent: 2/26/2022 6:14:50 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: Joanna Sims
Sent: 2/17/2022 4:42:52 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

To Whom This May Concern,
Please reconsider your recommendation to vaccinate school children. They are the least likely to be affected by Covid and we do not yet know the ramifications. Please please do not force children to get these shots.

Sent from my iPhone

If a vaccine is going to be mandated, we need to base that decision on sound data and, as you can see, COVID hospitalization data are not very accurate. Our state requires that the illness prevented by a vaccine must cause significant morbidity and mortality in the population in question. If children have incidental COVID diagnoses upon admission to the hospital, it's apparent that that is not the case.

While the majority of vaccine recipients suffer no adverse effects, there have been reports of issues such as post-vaccine myocarditis that must weigh heavily on the decision to mandate this vaccine. More and more data indicate that the risk of myocarditis is far higher than we previously realized. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection (nature.com)

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[0.pdf&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cbafc2c1ace344219c71708d9f1728207%7C11d0e21](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F5021-01630-0.pdf&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cbafc2c1ace344219c71708d9f1728207%7C11d0e21)

The benefits of the vaccine must outweigh the risks and we don't have enough data to show benefits to healthy children. I have seen multiple other adverse effects in the clinical setting besides myocarditis. Patients have presented with menstrual issues, neurologic problems, severe abdominal pain and diarrhea, headaches, and blood clots. I can tell you from my personal experience after 18 years in practice that I have never seen a vaccine cause side effects to the extent that this one does. We also do not have long term safety data available for this vaccine.

There also is discussion now about the dosing intervals for both the Pfizer and Moderna vaccines. It appears that dosing intervals of up to 8 weeks improve SARS-CoV2 antibody levels and lowers the risk of adverse effects. The ACIP even acknowledged this recently and weighed the benefits of extending the interval between doses. Countries such as Canada are already doing this. When there is so much uncertainty about how to dose a vaccine, how can this be mandated for schools? We need more solid data before implementing a policy like this.

34.7% of children between the ages of 5-11 in Washington have initiated vaccination. Only about 28.1% of children in this group are fully vaccinated as of today. 53.3% of children 12-15 are fully vaccinated and 66.6% of 16-17 year olds are fully vaccinated. I think this demonstrates that this vaccine is not accepted by the public, especially to parents of younger children.

Many, many parents (including my husband and I) will withdraw our children from the public school system if this vaccine is mandated. You need to consider the impact that a mandate will have on our educational infrastructure from that point as well.

Thank you for your time and I hope you take parents' comments about this topic very seriously. All of us want the best for our children. Please do the right thing and do not mandate this vaccine at this time. We can revisit the issue in a few years after we have more data.

Sincerely,

Sarah Hiam, DO

From: DOH WSBOH Immunizations
Sent: 2/16/2022 9:33:16 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

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 16, 2022 7:39 AM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW: Do not make Covid vaccines mandatory for children

From: Pauline Cornelius <flothow@hotmail.com <mailto:flothow@hotmail.com> >
Sent: Wednesday, February 16, 2022 7:37 AM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov
<mailto:Caitlin.Lang@sboh.wa.gov> >
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.

3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Mitchell, Brittini M (DOH)
Sent: 2/22/2022 11:24:27 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please reply as appropriate, thank you!

Message was attached to: Vaccines for School Children

From: Amy Wisch
Sent: 2/22/2022 11:07:17 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Catrina Kindahl - Ross

Sent: 2/18/2022 8:25:21 PM

To:

benjamin.wilfond@seattlechildrens.org,tlocke@co.jefferson.wa.us,Bill.Kallappa@k12.wa.us,Helseth, Jennifer (DCYF),Kcranfield,shauna.muendel@doh.wa.gov,crodriguez@pnwu.edu,Mueller, Martin (K12),Abdelmalek, Dimyana (DOHi),FBell@wcaap.org,londeck@nasn.org,glynch@oesd114.org,mybarra@mlchc.org,Jake@arcsno.org,Ca 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 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),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: Washington dep of health meeting about children's vaccine

External Email

I recommend you watch the live stream held on 2/20 in GiG Harbor where Dr Malone is holding a seminar informing the public about the mRNA technology he invented. He will discuss vaccines in children.

Copied from article:

The Centers for Disease Control and Prevention assures Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response "don't last long in the body."

On its website, the agency states: "Our cells break down mRNA and get rid of it within a few days after vaccination. Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."

However, a new peer-reviewed study by researchers at Stanford University finds that the spike protein created by the COVID vaccines remains in the body much longer than believed and at levels higher than those of severely ill COVID-19 patients.

The Stanford researchers tested the duration of the protein in the body for 60 days and found that it lasted at least that long.

Dr. Robert Malone, the key developer of the mRNA technology in the Pfizer-BioNTech and Moderna vaccines, said the findings were "buried" in the study, which was published by the journal Cell.

He described the results as a potential "health public policy nightmare" in an analysis on his Substack page.

Unlike typical vaccines, which use a live virus that has been attenuated, or weakened, the messenger RNA vaccines carry genetic material that instruct cells how to produce the spike protein, which activates the body's immune response and produces antibodies.

Malone said that having worked with mRNA for decades, he found the persistence of the

synthetic spike protein in lymph node germinal centers to be “highly unusual.” The study quantitatively measured spike protein levels in plasma after vaccination. And it turned out that the levels are higher than the levels observed in a person with a severe COVID-19 infection.

Malone wrote that “the fact that this (is) only now being discovered, or if it was known, released to the public is criminal in my opinion.”

“This should have been characterized long ago, including prior to beginning human clinical trials,” he said.

The mRNA vaccines, he further explained, use a modified chemical called pseudouridine to encode the spike protein and unique nanoparticles to deliver it. It’s a system, he said, that was approved “without fully understanding the implications and without the FDA requiring a complete pre-clinical toxicology regulatory package, including long-term follow-up, as is done with any other unique chemical or adjuvant additive.”

Prominent cardiologist Dr. Peter McCullough, an epidemiologist, said in a recent podcast it’s known that the vaccines have a “dangerous mechanism of action,” which is “the production of the spike protein.”

“The spike protein is what make the respiratory infection lethal, and it follows that in some people excessive production of the spike protein in a vulnerable person would lethal after a vaccine,” he said.

McCullough has found from his review of studies that the lipid nanoparticles — which deliver the spike protein in the mRNA system — “go right into the heart.” He believes that’s why studies indicate a higher-than-expected rate of myocarditis, particularly in boys, associated with the vaccines. And the studies show that the myocarditis produced by a COVID-19 infection tends to be mild and “inconsequential” while the myocarditis caused by the vaccine can be severe.

“When the kids get myocarditis after the vaccine, 90% have to be hospitalized,” McCullough said in a podcast interview in December. “They have dramatic EKG changes, chest pain, early heart failure, they need echocardiograms.”

Malone said it’s possible that the chemical pseudouridine in the vaccines is causing a reaction that allows mRNA to migrate to the lymph nodes and throughout the body, as non-clinical Pfizer data from Japan suggests.

“I do not know how to write this more strongly,” Malone said. “This technology is immature.”

He noted the World Health Organization has approved six COVID-19 vaccines that are more traditional, all of which the U.S. government could license.

“These genetic vaccines are not the only option.”

Data you are already aware of: VAERS: (I am sure you know how under reported this is since doctors do not report due to lack of time and other ? reasons:

2/4/2022

The info

23,615 deaths, 127,855 hospitalizations, 118,076 urgent care visits, 171,408 doctor office visits, 9,119 anaphylaxis, 13,784 Bell's Palsy, 3,991 miscarriages, 12,069 heart attacks, 32,436 Myocarditis/ Pericarditis, 42,260 permanently disabled, 5,551 thrombocytopenia/ low platelet, 26,836 life threatening, 39,440 severe allergic reactions, and 12,346 shingles.

Also why did Dr. Umair A. Shah post on social media about his Super Bowl trip, to where 70,000 fans were unmasked and most reported no shot records were reviewed prior to the entry into the stadium? Was Dr. Umair A. Shah wearing his mask the entire Super Bowl event? Great to see people making public health decisions like to attend super spreader events. Or is it that the pandemic is over?

Did you have an opportunity to listen to this “coffee table discussion” with Christopher

Cole, executive officer for FDA of countermeasure initiative before you make a decision about children and vaccines? Sounds like he agrees FDA wants to push vaccines for children including infants without enough research.

Link is a valid YouTube video; don't worry.

<https://youtu.be/6nSXHrmOy8o>

Now we have Omicron. These vaccines were designed for the original Wuhan strain, a different virus. Whether they made sense in protecting our elderly and frail from the original virus is irrelevant. Dr Fauci even says the reason we need to wear masks when people are vaccinated aged is because the vaccine was made with the original wild strain and not the variances we are now seeing. I will attach the video here:

Listen at 2 minutes 16 seconds

<https://www.cnn.com/2021/03/18/politics/fauci-paul-masks-theater/index.html>

His own words clearly states the vaccine is not made for the variance we are currently experiencing and why the vaccine does not work and why bother vaccinated and unvaccinated are spreading and getting it now with the omicron variance.

These vaccines do not prevent Omicron infection, viral replication, or spread to others... even if every man and woman and child in the United States were vaccinated these products can not achieve herd immunity and stop COVID.

SO WHAT'S YOUR AGENDA BEHIND PUTTING POISON IN OUR CHILDRENS BODIES?

Truly? Honestly?

Are you being paid by someone? IF 1 child dies in the hands of your decision, can you live with that? If 1 child gets a life long disease from being forced to take the shot, can your conscience live with that? Cause we will share those stores with all of you. Every single story.

Signed

We the fringe minority of US.

From: Glasoe, Stuart D (SBOH)
Sent: 2/23/2022 8:03:35 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Jenna Edlund <jennaedlund@yahoo.com>
Sent: Tuesday, February 22, 2022 11:59 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

> □TOur State Leaders:
>
> I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.
>
> I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.
>
> My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.
>
> Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.
>
> Thank you.

>
>
>
> "
>
>
>
> Thanks,
>
> Jenna
> God Bless America and Go Seahawks!!!!
>
>
> -Sent from my iPhone

From: Krystal W
Sent: 2/25/2022 2:56:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment TAG meetings

External Email

Hello All,

I am not "anti vaccines" but I still strongly oppose including the COVID shot in the school requirements, even after listening to all these TAG meetings. Yes, I sat thru every single one with you guys. They are very one sided, why is that? Even with the one-sided presentations, they didn't present enough data or evidence to convince the majority that this was the right step forward. Not entirely their fault because the DATA JUST ISNT THERE! The phrases I heard over and over again in multiples presentations is "there isn't enough data", "we can't find studies to show what we're looking for because there aren't any done", and "at this time the data just isn't there". Instead of trying to rush this forward, why don't you take time and diffuse the situation and gain the trust of the public like Tom Locke said in the meeting. Only time will tell what the long term outcomes of this shot are and a handful of people should not be making these rules for everyone in the state. You cannot "fast track" studies to find out what long term effects are and until us parents know the truth of the long term studies, you will not win us over. The state has already seen about 40k students leave public schools, that number will grow tremendously if this requirement is added. It's one thing to try and force adults to get the shot to keep their job (which was a lower than low blow) but to mess with our babies and force our hands there...that's where you cross a line. I think you will find that a lot of parents will draw their line and do anything to protect their kids and teach them how to stand up and "just say no" to the overreach.

I know one of the presenters talked about reaching out to school nurses, school admins, and health care providers...anyone considered reaching about to parents? Ya know..the ONLY person who has a right to decide rather they give their child this shot? There was a survey done by Kaiser Family Foundation (see link below) and it shows that 2/3 of parents say this shot should NOT be required for school. I am not saying the shot is harmful to kids, even though there isn't enough data/studies to show that it isnt, all I am saying is it is unnecessary to be a requirement for multiple reasons. My personal reasons are...

1. My kids have been exposed to covid and have immunity
2. Healthy children have VERY minimal risk from covid-my kids were mildly sick for 48 hours each-yet my husband had a "flu" for 4 days. All I had was sinus pressure but I was the only one to have had COVID previously (early 2020).
3. There is hardly any studies done with more than 5k children-maybe 5-10 years from now I might change my mind, if the shot is still needed. But for now-I won't get it so I will not give it to my kids without knowing how it effects them long-term. Again, my kids are both healthy and already exposed to covid-so in our view it's not needed anyways.
4. My child has a far greater chance of getting hit by a car while riding his bike in the road in front of our house than dying from covid...and yet he plays in the road every day!

5. If I do "give in" and give this shot to my 7 and 10 year old the burden to us as a parent is "peace of mind"....I will always be second guessing my decision if or when years down the road there are issues or complications...I will always wonder if it's the shot that caused it...if I would have just not given it to them would things be different. Once they get the shot there is no taking it back. I would rather wait and see if it's still needed a couple years down the road, when we have more data, instead of regret it a couple years down the road.

I love my kids but we cannot make them live in a sanitary bubble every day. The need to be exposed to germs and life-which is full of risks. Until the last two years-we the people have had the right to choose for ourselves and our kids what level of risk we want to assume. That shouldn't change, the shot is not about protecting your neighbor and family anymore...everyone (even you) can admit that. It doesn't even stop an individual from getting covid, it just makes their symptoms milder and keeps them from going to the hospital. The shot ONLY protects the person who gets it, just because I don't have it in my body...that doesn't make your less effective. For those kids who have underlying issues, it's the choice of their parents to give the shot to help protect them. My kids attending the same school/class without the shot doesn't make theirs less effective! The kids with underlying issues have been going to public school for years-it's never been the school's responsibility to "protect" them from viruses, that's the parent's responsibility. By sending autoimmune or compromised kids to school that is a risk those parents are choosing to take. It should be no different now, they can give their child the shot-but I should not have to give my kid the shot to make them feel more comfortable sending their kids to a PUBLIC school!

Please do not add this shot to the requirements of school.

Thank you for your time,

Krystal Wilford

Shelton, WA

KFF survey: https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-winter-2021-update-on-parents-views-of-vaccines/?utm_campaign=KFF-2021-polling-surveys&utm_medium=email&_hsmi=2&_hsenc=p2ANqtz-_Vzm9YYFxFx0uO6GnA1tosxjjyUGVbHPE8QPP2fG8X_9qhYSN2D1HF8FcgCUDjv3uutFIHqpoISNcXjMeI_hYypX

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kff.org%2Fcoronavirus-covid-19%2Fpoll-finding%2Fkff-covid-19-vaccine-monitor-winter-2021-update-on-parents-views-of-vaccines%2F%3Futm_campaign%3DKFF-2021-polling-surveys%26utm_medium%3Demail%26_hsmi%3D2%26_hsenc%3Dp2ANqtz-_Vzm9YYFxFx0uO6GnA1tosxjjyUGVbHPE8QPP2fG8X_9qhYSN2D1HF8FcgCUDjv3uutFIHqpoISNcXjMeI_hYypX

From: Kaycie Nelson
Sent: 2/22/2022 7:12:42 AM
To: DOH WSBOH
Cc:
Subject: OPPOSE Covid vaccine mandate for school kids

External Email

To the Washington State Board of Health with Respect;

I am writing this to you as a concerned citizen and parent of 3 school age children, 13 and 5 year old boys and a 10 year old girl. I am writing to oppose any and all mandates for children AND adults that will require COVID-19 vaccination to be a part of regular society. The position that is being taken by the government is so far out of its jurisdiction it is blatantly violating rights of the American People.

As a parent, and learned citizen of this country, I have the ability and medical freedom to judge the risks associated with the COVID-19 vaccine. My many months of research has concluded that it is far more harmful to the health and safety of my family to receive the COVID-19 vaccine, than to risk infection for a second or third time. As such, I will not tolerate, be forced or coerced into jeopardizing the health or safety of our family to a vaccine whose long term side effects are unknown and whose short term (reported and CDC listed) side effects can have adverse reactions such as myocarditis, pericarditis, and lesser known, but scientifically proven reactions such as blood clotting, heart attack, loss of sensation or overstimulation sensation to body, severe to acute respiratory problems – and the list could go on to even include death.

My goal, which should be the same as the law makers, policy makers and elected officials/representatives is to protect my family from harm. Mandatory, forced or coerced vaccinations are in direct opposition to that goal. While vaccinations themselves are not a new requirement, I would like to point out that existing required vaccines have had extensive time and resources for development and proper trials and testing. They were not subject to hiding of the side effects of many who received the vaccine and/or squashing other viable treatment options, simply because they do not go along with the narrative of the Big Pharma companies and agenda of the CDC. As a parent I see the rushed production of the vaccine, propaganda, silencing and shaming of people of differing points of view, as misguided attempts to do "something" rather than risk being prudent and accused of doing "nothing".

My answer to forced mandatory vaccination for COVID-19 is NO, it will continue to be no until safety, efficacy equal to that of natural immunity is prove. Please do the right thing on behalf of the citizens of this great state, furthermore this great Nation and DO NOT mandate a COVID-19 vaccination.

Respectfully,

Kaycie Nelson
Sedro Woolley, WA

From: caprice wilson
Sent: 2/15/2022 9:55:22 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

If you force the vaccines for all students, I will pull my child as will thousands of other.
Do the right thing and don't pass this!

Caprice Wilson a Mother Of A Fifth Grader

Sent via the Samsung Galaxy S9, an AT&T 5G Evolution capable smartphone

From: Levi and Laura Steinmetz

Sent: 2/16/2022 12:44:21 PM

To: DOH WSBOH

Cc:

Subject: I strongly oppose any requirement to vaccinate children with covid vaccine

External Email

Until a long term study (5 plus years) has been completed, I strongly oppose a covid vaccine requirement for school age children who are generally at low risk anyway and caregiving adults have had a year to vaccinate themselves.

- Laura

From: Stephanie Stanley
Sent: 2/24/2022 1:58:12 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78f1073008c2401cd15e08d9f7e0bef9>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78f1073008c2401cd15e08d9f7e0bef9>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78f1073008c2401cd15e08d9f7e0bef9>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Stephanie Johnston

From: Gita Rabbani

Sent: 2/15/2022 12:56:51 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 on covid vaccine mandate for school kids

External Email

Dear Members of the TAG committee,

I am writing to ask that you not recommend mandatory covid vaccinations for school attendance.

I am sure you have heard from many concerned parents, so I will keep this short. Please know that any parent who has chosen to not vaccinate their kids at this point has done so because of deep concerns about the unknown long term health impacts on their kids. When we are constantly told to 'follow the science', as a physician, I'd love to know what 'the science' tells us about the 5, 10, and 20 year risks are regarding health impacts. I'd love to know if the vaccine crosses the blood brain barrier. I'd love to know that there is no increased incidence of MS, parkinson's, and ALS in 20 years from now. No one knows, and that's the point.

There has been no shortage of publicity and access for anyone who has wanted it, so if there's a child who is not vaccinated, it's not for lack of access-- it's because there is significant parental concern. To now require the vaccine would essentially coerce any parent who has no alternative but to send their child to school to vaccinate against their belief/deep held concerns. Remember that affluent families have a much greater opportunity to simply unenroll from schools, find private tutoring, homeschool, and other alternatives to putting their kids in school. The families you will force to vaccinate will be the poor, the indigent, the disenfranchised, the minorities and in this new world of 'equity', I can't imagine anything more unequitable that to hold a parent's ability to get education for their child (and also childcare so that the parent can continue to go to work) hostage with such a mandate.

So in short, please ensure that all children, vaccinated for covid or not, have access to education.

Sincerely,
Gita Rabbani, MD

From: sbyeman

Sent: 2/16/2022 10:11:57 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

Eric,mstuart@lwsd.org,sbliesner@lwsd.org,ccarlson@lwsd.org,lchoi@lwsd.org,boardmembers@lwsd.org,Mil 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: Take the face diapers off TODAY

External Email

You've had your control for far too long. It's time to give the gig up and let the kids go without masks to school. Stop delay tactics. Don't be the last one to end this. WA is the laughing stock of all the states. How does that sound to you? That's the legacy you will have to live with. Are you ok with going down in history as someone who turned their back on the children?

Game is over. Take the masks off immediately. Today. Now.

~A parent of 3 kids (1 still left in LWSD, 2 other kids pulled last year for in private school). I'll be happy to take more funding out of the public school if you don't immediately take the masks off. Be a leader.

From: Steve B
Sent: 2/17/2022 3:07:05 PM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

You folks are living in a cultish dream world. Your intent was very clear throughout the entire process you had already made your minds up.

If you believe parents/citizens in the state of Washington will allow this heavy handed overreach based on a one sided approach then you are not of coherent mind.

You are not the kings and queens. You will not dictate what we put in our bodies and if you think you'll touch our children, good luck.

You used the word "implications" to those 30% who will not get vaccinate. That is a threat, coercion, and bullish authoritarian behavior.

YOU DO NOT TELL PARENTS WHAT TO PUT IN THE BODIES OF THEIR CHILDREN.

- * The pandemic is over
- * You self congratulate each other
- * You do not and have not questioned the science
- * Indisputable:
 - * You have NO IDEA as to long term effects of the vaccine
 - * You've abused the children of this state
 - * Children have nearly 0% chance of harm from this vaccine
 - * Vaccines do not prevent the spread
 - * Natural immunity is better than the vaccine
 - * We will peacefully protest en-mass
 - * The pandemic is over despite what you have said
 - * This will be with us forever
 - * You have no right to prevent our freedoms through your ghastly behavior.

Let's put Seattle to Olympia in its own sovereign state because you destroy everything you touch. Your motivation is progressive and power-based.

Shame on all of you and God help you live with yourselves.

Washington State BOH, Gov Inslee, and all involved are child abusers and the damage you have done is severe.

--

Steve

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/15/2022 2:21:12 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%7C29e90261a8f64e6c69cc08d9f0d178a8>>

From: Macy Devlaeminck
Sent: 2/16/2022 8:15:11 PM
To: DOH WSBOH
Cc:
Subject: Covid

External Email

This email is to voice my regards to the potential unlawful mandate of covid 19 vaccination to school-aged children. It has, nor will it ever be the governments right to require a parental choice medical decision for TAX FUNDED SCHOOLS. Taxes taken from US citizens pay checks go towards public schooling if you are not aware. It is 100% illegal to mandate a fake law on the behalf of any citizen, let alone require if for a public fund we already pay for. I am totally against this children vaccination school "mandate" because it is against our constitutional rights, as you already know.

From: Laurel Homestead
Sent: 2/25/2022 5:56:29 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: Valerie Hunt
Sent: 2/24/2022 11:35:13 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

#8

Some schools do not access WAIIS access to the clerks

This is a huge increase requirements and if boosters are required. we would have thousands out of compliance that would be almost impossible to. As a school nurse I would agree that adding this as a requirement would stress the nurses beyond capacity and immunization compliance as a whole could be impacted.

I agree with Francis that it tests the trust in the immunization system. I agree with Benjamin that the community is stressed and it is impacting support for the schools.

Valerie Hunt, RN
School Nurse Certificated
Fort Vancouver High School
Phone (360) 313-4008
Fax (360) 313-4070

From: Pskowski, Samantha L (SBOH)
Sent: 2/22/2022 10:21:11 AM
To: DOH WSBOH
Cc:
Subject: FW: Washington dep of health meeting about children's vaccine

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Catrina Kindahl - Ross <catrineross@gmail.com>
Sent: Friday, February 18, 2022 8:23 PM
To: benjamin.wilfond@seattlechildrens.org; tlocke@co.jefferson.wa.us;
Bill.Kallappa@k12.wa.us; Helseth, Jennifer (DCYF) <jennifer.helseth@dcyf.wa.gov>;
Kcranfield <Kcranfield@tpchd.org>; shauna.muendel@doh.wa.gov;
crodriguez@pnwu.edu; Mueller, Martin (K12) <martin.mueller@k12.wa.us>; Abdelmalek,
Dimyana (DOHi) <dimyana.abdelmalek@co.thurston.wa.us>; FBell@wcaap.org;
londeck@nasn.org; glynch@oesd114.org; mybarra@mlchc.org; Jake@arcsno.org;
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 Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH)
<Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH)
<Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH)
<david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH
Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH)
<Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH)
<Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH)
<Nathan.Weed@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: Washington dep of health meeting about children's vaccine

External Email

I recommend you watch the live stream held on 2/20 in GiG Harbor where Dr Malone is holding a seminar informing the public about the MRNA technology he invented. He will discuss vaccines in children.

Copied from article:

The Centers for Disease Control and Prevention assures Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response “don’t last long in the body.”

On its website,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wnd.com%2F2022%2F02%2Fnightmare-dr-robert-malone-spotlights-study-mrna-spike-protein%2F%25E2%2580%259Chttps%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fdifferent-vaccines%2Fmrna.html%25E2%2580%259D&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2b71e4>
the agency states: "Our cells break down mRNA and get rid of it within a few days after vaccination. Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."

However, a new peer-reviewed study by researchers at Stanford University

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS00928674\(22\)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2b71e46249cb44](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS00928674(22)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2b71e46249cb44)
finds that the spike protein created by the COVID vaccines remains in the body much longer than believed and at levels higher than those of severely ill COVID-19 patients.

The Stanford researchers tested the duration of the protein in the body for 60 days and found that it lasted at least that long.

Dr. Robert Malone, the key developer of the mRNA technology in the Pfizer-BioNTech and Moderna vaccines, said the findings were "buried" in the study, which was published by the journal Cell.

He described the results as a potential “health public policy nightmare” in an analysis on his Substack page

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwmalonemd.substack.com%2Fp%2Fhealth-public-policy-nightmare&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C2b71e46249cb44a0a5c508d9f63019bd%7C...>

Unlike typical vaccines, which use a live virus that has been attenuated, or weakened, the messenger RNA vaccines carry genetic material that instruct cells how to produce the spike protein, which activates the body's immune response and produces antibodies.

Malone said that having worked with mRNA for decades, he found the persistence of the synthetic spike protein in lymph node germinal centers to be “highly unusual.”

The study quantitatively measured spike protein levels in plasma after vaccination. And it turned out that the levels are higher than the levels observed in a person with a severe COVID-19 infection.

Malone wrote that “the fact that this (is) only now being discovered, or if it was known, released to the public is criminal in my opinion.”

“This should have been characterized long ago, including prior to beginning human clinical trials,” he said.

The mRNA vaccines, he further explained, use a modified chemical called pseudouridine to encode the spike protein and unique nanoparticles to deliver it. It’s a system, he said, that was approved “without fully understanding the implications and without the FDA requiring a complete pre-clinical toxicology regulatory package, including long-term follow-up, as is done with any other unique chemical or adjuvant additive.”

Prominent cardiologist Dr. Peter McCullough, an epidemiologist, said in a recent podcast it’s known that the vaccines have a “dangerous mechanism of action,” which is “the production of the spike protein.”

“The spike protein is what make the respiratory infection lethal, and it follows that in some people excessive production of the spike protein in a vulnerable person would lethal after a vaccine,” he said.

McCullough has found from his review of studies that the lipid nanoparticles — which deliver the spike protein in the mRNA system — “go right into the heart.” He believes that’s why studies indicate a higher-than-expected rate of myocarditis, particularly in boys, associated with the vaccines. And the studies show that the myocarditis produced by a COVID-19 infection tends to be mild and “inconsequential” while the myocarditis caused by the vaccine can be severe.

“When the kids get myocarditis after the vaccine, 90% have to be hospitalized,” McCullough said in a podcast interview in December. “They have dramatic EKG changes, chest pain, early heart failure, they need echocardiograms.”

Malone said it’s possible that the chemical pseudouridine in the vaccines is causing a reaction that allows mRNA to migrate to the lymph nodes and throughout the body, as non-clinical Pfizer data from Japan suggests.

“I do not know how to write this more strongly,” Malone said. “This technology is immature.”

He noted the World Health Organization has approved six COVID-19 vaccines that are more traditional, all of which the U.S. government could license.

“These genetic vaccines are not the only option.”

Data you are already aware of: VAERS: (I am sure you know how under reported this is since doctors do not report due to lack of time and other ? reasons:

2/4/2022

The info

23,615 deaths, 127,855 hospitalizations, 118,076 urgent care visits, 171,408 doctor office visits, 9,119 anaphylaxis, 13, 784 Bell's Palsy, 3,991 miscarriages, 12,069 heart attacks, 32,436 Myocarditis/ Pericarditis, 42,260 permanently disabled, 5,551 thrombocytopenia/ low platelet, 26,836 life threatening, 39,440 severe allergic reactions, and 12,346 shingles.

Also why did Dr. Umair A. Shah post on social media about his Super Bowl trip, to where 70,000 fans were unmasked and most reported no shot records were reviewed prior to the entry into the stadium? Was Dr. Umair A. Shah wearing his mask the entire Super Bowl event? Great to see people making public health decisions like to attend super spreader events. Or is it that the pandemic is over?

Did you have an opportunity to listen to this "coffee table discussion" with Christopher Cole, executive officer for FDA of countermeasure initiative before you make a decision about children and vaccines? Sounds like he agrees FDA wants to push vaccines for children including infants without enough research.

Link is a valid YouTube video; don't worry.

<https://youtu.be/6nSXHrmOy8o>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6nSXHrmOy8o&data>

Now we have Omicron. These vaccines were designed for the original Wuhan strain, a different virus. Whether they made sense in protecting our elderly and frail from the original virus is irrelevant. Dr Fauci even says the reason we need to wear masks when people are vaccinated aged is because the vaccine was made with the original wild strain and not the variances we are now seeing. I will attach the video here:

Listen at 2 minutes 16 seconds

<https://www.cnn.com/2021/03/18/politics/fauci-paul-masks-theater/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F03%2Fpolitics%2Ffauci-paul-masks-theater%2Findex.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2b71e46249cb44a0a5c508d9f6>

His own words clearly states the vaccine is not made for the variance we are currently experiencing and why the vaccine does not work and why bother vaccinated and unvaccinated are spreading and getting it now with the omicron variance.

These vaccines do not prevent Omicron infection, viral replication, or spread to others... even if every man and woman and child in the United States were vaccinated these products can not achieve herd immunity and stop COVID.

SO WHAT'S YOUR AGENDA BEHIND PUTTING POISON IN OUR CHILDRENS BODIES? Truly? Honestly?

Are you being paid by someone? IF 1 child dies in the hands of your decision, can you live with that? If 1 child gets a life long disease from being forced to take the shot, can your conscience live with that? Cause we will share those stores with all of you. Every

single story.

Signed

We the fringe minority of US.

From: Carmel
Sent: 2/16/2022 5:59:23 PM
To: DOH WSBOH
Cc:
Subject: HARD NO!

External Email

To Whom it May Concern,

It is known who or what organizations are pushing this agenda. It is NOT science based, it is riddled with financial incentive to pharma and shareholders. WHEN all the cards are displayed on the table, the lawsuits against the acting government agencies who aided and abetted against American citizens will be prosecuted. As a side note, based on this proposal I have learned 90% of my friends and family with school children will be removing their kids from districts next fall if this goes through. In my opinion, this is not a terrible idea in itself as this virtue will once again strengthen the family unit and bring reading, writing, and arithmetic back into education. Here are your vaccine facts:

This vaccine is still under EMERGENCY USE AUTHORIZATION, Phase 3/4 clinical trials DO NOT END UNTIL 2023. This means you are willfully subjecting Washington state children to a clinical trial. Moderna is STILL RECRUITING for phase 2/3.
Estimated Study Completion Date :

April 28, 2023

See web link below.

<https://clinicaltrials.gov/ct2/show/NCT04796896?cond=COVID+19&titles=Vaccine&age=0&phase=0123&d=1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F%2FNCT04796896%2F&data=04%7B%22url%22%3A%22https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F%2FNCT04796896%2F%26%22%2C%22title%22%3A%22Vaccine%22%2C%22age%22%3A%220%22%2C%22phase%22%3A%220123%22%7D>>

Pfizer is still recruiting for phase 1/2/3.
Estimated Study Completion Date :

May 5, 2026

See web link below.

<https://clinicaltrials.gov/ct2/show/NCT04816643?cond=COVID+19&titles=Vaccine&age=0&phase=0123&d=1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F%2FNCT04816643%2F&data=04%7B%22url%22%3A%22https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F%2FNCT04816643%2F%26%22%2C%22title%22%3A%22Vaccine%22%2C%22age%22%3A%220%22%2C%22phase%22%3A%220123%22%7D>>

Also note that NONE of these clinical trials have gathered data ANY on the long term effects of the reproductive systems, cardiovascular systems, neurologic systems, or lymphatic systems of these young bodies.

Based on the CDCs OWN SLIDE DECK of information more children die or become hospitalized from the flu than Covid.
"Leading Causes of Death in Children 5-11 Years of Age, NCHS, 2019 Causes of Death Death (n) Crude rate per 100,000"

Accidents (unintentional injuries) 969 3.4%
Malignant neoplasms 525 1.8%
Congenital malformations, deformations and chromosomal abnormalities 274 1.0%
Assault (homicide) 207 0.7%
Diseases of the heart 115 0.4%
Chronic lower respiratory diseases 107 0.4%
Influenza and pneumonia 84 0.3%
Intentional self-harm (suicide) 66 0.2%
66 COVID-19 associated deaths in children 5–11 10/3/20-10/2/2021
Cerebrovascular diseases 56 0.2%
Septicemia 48 0.2%
CDC NCHS WONDER Online Database. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwonder.cdc.gov%2Fucd-icd10.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3ab061713c7649bb21c508d9f1b913aa%7C11>>
on May 6, 2021 66 COVID-19 associated deaths in children 5–11 10/3/20-10/2/2021
Total population 5-17 years, 2019: 52,715,248

Please consider the SCIENTIFIC DATA before allowing Pfizer or Moderna to spend taxpayers dollars on a program that does more harm to children while putting wealth into the pockets of the pharmaceutical shareholders.

Please note that I will be sharing this email.

From: Lisa Evans
Sent: 2/16/2022 9:32:59 PM
To: DOH WSBOH
Cc:
Subject: NO to mandated covid vaccines for our children

External Email

NO. I firmly oppose that a vaccine with a 2 year history should be forced on families. We will not only leave the school, we will leave this state if this becomes mandatory for school attendance.

Lisa Evans
Trout Lake School District

From: Dee S
Sent: 2/16/2022 10:28:38 PM
To: DOH WSBOH
Cc:
Subject: WAC246-105

External Email

I am majorly opposed to the above WAC. This would enforce something on your children/grandchildren that is experimental. It makes them guinea pigs when they are not pigs - they're humans with bodys and a heart that feel what is being done to them.
Dee Starcher

--

Sent from my Freedom Phone

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:25:12 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\DF957BD012DE441F_20220221180418357.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:04 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: 02.21.2022 18:04:18 (-0800)

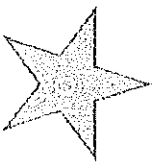
Queries to: ricoh@doh.wa.gov

"I do solemnly swear
(or affirm) that I will
support and defend
the **Constitution** of
the United States
against all enemies,
foreign and domestic;
that I will bear true
faith and allegiance to
the same; that I take
this obligation freely,
without any mental
reservation or purpose
of evasion; and that I
will well and faithfully
discharge the duties of
the office on which I
am about to enter: So
help me God."

Keith Grellner,

Please Support our children's
education by rejecting COVID-19
Vaccine requirements for children
attending school and daycare
centers.

Sincerely,
Victoria Smith



Are you kidding me?

Sent Via Mail (no return address)

Rec'd 2/22/22

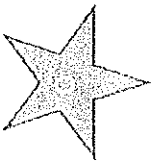
TO: BOH Members

"I do solemnly swear
(or affirm) that I will
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help me God."

Fran Bessermin.

Please Support our Children's
education by rejecting COVID-19
Vaccine requirements for
Children attending school and
daycare centers.

Sincerely,
Victoria Smith

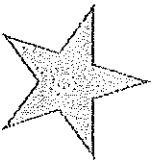


Are you kidding me?

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help me God."

Dr. Thomas Pendergrass,
Please support our children's
education by rejecting COVID-19
vaccine requirements for children
attending school and daycare
centers.

Sincerely,
Victoria Smith

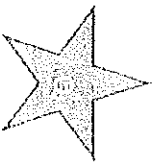


Are you kidding me?

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help me God."

Temple Lentz,
Please support our children's
education by rejecting COVID-19
vaccine requirements for
children attending school
and daycare centers.

Sincerely,
Victoria Smith

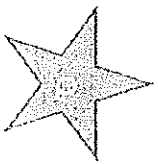


Are you kidding me?

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reservation or purpose
of evasion; and that I
will well and faithfully
discharge the duties of
the office on which I
am about to enter: So
help me God."

Patty Hayes,
Please support our children's
education by rejecting COVID-19
vaccine requirements for children
attending school & daycare centers.

Sincerely,
Victoria Smith



Are you kidding me?

From: Karen Haraldson
Sent: 2/26/2022 5:54:50 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: Paul Cyr
Sent: 2/24/2022 11:39:45 AM
To: DOH WSBOH
Cc:
Subject: Re: Comments for the Immunizations Technical Advisory Group

External Email

Sent from my iPhone

> On Feb 24, 2022, at 11:36 AM, Paul Cyr <paulcyr42@gmail.com> wrote:
>
> □
>
> Sent from my iPhone
>
>> On Jan 7, 2022, at 10: 46 AM, Paul Cyr <paulcyr42@gmail.com> wrote:
>>
>> making COVID-19 shorts mandatory for school

From: kitkrow2000@yahoo.com
Sent: 2/25/2022 10:12:46 PM
To: DOH Secretary's Office
Cc:
Subject: You swore an oath to the state constitution

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you. Christian Winn

From: michael Barth
Sent: 2/16/2022 3:54:07 PM
To: DOH WSBOH
Cc:
Subject: Danger

External Email

Covid Vaccines injured killed people all over the world . Is this why you want inject this poison into innocent children ? This is insane tyrannical sickness . Michael J Barth

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F%3Fid%3D31337133&data=05%3Fid%3D31337133>>
for Windows

From: tapdancing
Sent: 2/16/2022 11:22:55 AM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

.NNTV - Number needed to vaccinate to prevent one death.

* As of October 30, 2021, the CDC stated
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcdc.gov%2Fdata-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C18fe7811a8cb4e52754308>>
that 170 children ages 5 to 11 have died of COVID-19-related illness since the start of the pandemic. (That represents less than 0.1% of all coronavirus-related deaths nationwide even though children that age make up 8.7% of the U.S. population).

* The Pfizer mRNA shot only “works” for about 6 months (it increases risk in the first month, provides moderate protection in months 2 through 4 and then effectiveness begins to wane, which is why all of the FDA modeling only used a 6 month time-frame). So any modeling would have to be based on vaccine effectiveness in connection with the 57 (170/3) children who might otherwise have died of COVID-related illness during a 6-month period.

* At best, the Pfizer mRNA shot might be 80% effective against hospitalizations and death. That number comes directly from the FDA modeling . I am bending over backwards to give Pfizer the benefit of considerable doubt because again, the Pfizer clinical trial showed NO reduction in hospitalizations or death in this age group. So injecting all 28,384,878
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdatacenter.kidscount.org%2Fdata-child-population-by-age-group%23detailed%2F1%2Fany%2Ffalse%2F574%2C1729%2C37%2C871%2C870%2C573%2C869%2C3>>
children ages 5 to 11 with two doses of Pfizer (which is what the Biden administration wants to do) would save, at most, 45 lives (0.8 effectiveness x 57 fatalities that otherwise would have occurred during that time period = 45).

* So then the NNTV to prevent a single fatality in this age group is 630,775 (28,384,878 / 45). But it's a two dose regimen so if one wants to calculate the NNTV per injection the number doubles to 1,261,550. It's literally the worst NNTV in the history of vaccination.

Rogers then goes on to provide an estimate of the number of children with deadly side effects from taking the COVID vaccine.

* Kirsch, Rose, and Crawford (2021) estimate
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocs.google.com%2Fdocument%2F>>
that VAERS undercounts fatal reactions by a factor of 41 which would put the total fatal

side effects in this age-range at 5,248. (Kirsch et al. represents a conservative estimate because others have put the underreporting factor at 100

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2F2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C18fe7811a8cb4e52754308d9f18169fd%7C11d0...>
)

Rogers sums it up as follows:

So, to put it simply, the Biden administration plan would kill 5,248 children via Pfizer mRNA shots in order to save 45 children from dying of coronavirus.

For every one child saved by the shot, another 117 would be killed by the shot.

The Pfizer mRNA shot fails any honest risk-benefit analysis in children ages 5 to 11.

More... Dr. Michael Yeadon, former Pfizer VP argued earlier this month that children are 50 times more likely to be killed by the COVID vaccines than the virus itself,"

Yeadon was a chief scientific officer and vice president at Pfizer before he left in 2011 after more than 16 years at the company.

Yeadon also told Steve Bannon

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fweb.archive.org%2Fweb%2F20211010-the-trojan-horse-pandemic-dr-yeaton-and-dr-fuellmich-warn-against-dangerous-vaccines-and-expose-lies-about-the-globalist-plandemic-w-dr-michael-yeaton-dr-reine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C18fe7811a8cb4e52754308d9f18169fd%7C11d0...>
earlier this month, "It's a crazy thing to vaccinate (children) with something that is actually 50 times more likely to kill them than the virus itself,"

There is no rational reason for giving children the COVID shot. This is insane.

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C18fe7811a8cb4e52754308d9f18169fd%7C11d0...>
Secure Email.

From: Angela Hasheva

Sent: 2/16/2022 12:40:01 PM

To: Tanya

Goodman,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:

yutao.pku@gmail.com,gulick.alissa@gmail.com,Alisaroseyuen@gmail.com,amyandrea30@hotmail.com,amy

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,d

kevin@comcast.net,g.canada@hotmail.com,greggsmithjr@hotmail.com,heathertate@rocketmail.com,irena.

Cc:

Subject: Beyond the mask & vaccine mandates

External Email

If Washington legislators and people of power could spend just ONE day in a school of their choice.....What will they see?

They will see these children working for eight/nine hours at a stretch for almost 200 school days per year - working with a remarkable and creative power in their own way (innocently, not egotistically or to please someone), but they will ONLY see those burning eyes looking up and down again...

What a shame!

Angela

WSBOH,kwangett@uw.edu,samantha.pskowski@sboh.wa.gov,Kcranfield,londeck@nasn.org



attachments\DA82C3A935B545AC_Screen Shot 2022-02-17 at 12.16.00 PM.png

Please note the presentation you just saw did not provide the true number of myocarditis in teens/young men. Please ask the committee advisors about this, this is not the true picture from the CDC. Kaiser Permanente NW (a respectable medical HMO in Northwest) claims study with actual data reflects the true picture of the impacts on the male population particularly. (This is exclusive of blood clots and other neurological impairments not review in the slides). . This data matches up with other countries, but not the CDC which for some reason is not showing the the true data- RAW DATA

"Harvard researchers agree, noting

From: Alexandra Hutchings
Sent: 2/16/2022 11:12:05 PM
To: DOH WSBOH
Cc:
Subject: Your meeting regarding the covid vaccine for children possibly being added to the school requirements

External Email

Re: Meeting on Thursday.

To Whomever it May Concern

It really is quite staggering that this issue is arising. After your previous meeting raised several "we don't have enough data" replies to many questions, it is unfathomable that this wayward concept is somehow proceeding. Using our kids in this State as lab rats is totally unacceptable, and will not be tolerated.

Even just one such reply should warrant the subject closed.

In addition, when the answers to 'Is the vaccine effective at preventing the disease and it's spread?' are no and no, again the subject should be closed.

Leave the health of our kids alone! It is bad enough that here we are still battling mask wearing, fully aware that most other States are breathing freely once again, and have been doing so for a quite while. Let their natural immune system take care of them as nature intended. Forcing unnecessary drugs on them is more harmful than what it is supposed to protect them from.

Please get real.

Please end this tyrannical stupidity.

sincerely
Alex

a very concerned mom

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 8:40:52 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: Corrie Bechtold <cowgirlup_730@msn.com>
Sent: Wednesday, February 23, 2022 8:20 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>

Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that if you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Anna Finck
Sent: 2/16/2022 7:06:00 PM
To: DOH WSBOH
Cc:
Subject: Please don't...

External Email

Washington State Board of Health,

Please don't do this! Please don't make the Covid 19 shot mandatory for kids. That is outrageous for many reasons! Some are listed below:

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Please do the right thing and PROTECT our KIDS!!

Sincerely,

A very concerned citizen

Sent from my iPhone

From: Jason Triche
Sent: 2/17/2022 9:54:05 AM
To: DOH WSBOH
Cc:
Subject: vaccine for kids

External Email

Hello BoH Members,
I have 2 questions that I'd like to ask as you debate the need for adding the covid injections to the list of requirements for our kids to attend school.

1. Anyone who has ever had anything to do with medical research studies knows that results of clinical trials are measured by Absolute Risk Reduction (ARR), not Relative Risk Reduction (RRR). Amazingly, the trials on the mRNA injections not only reported their results referencing RRR and not ARR, but they also unblinded their control groups. The unblinding alone is enough to cause any clinical trial results to be deemed unscientific, yet we find ourselves at this point debating the merits of injecting the under-19 years of age population anyway. The "95% efficacy" number that has been touted by many in media and political circles (Dr. Kronman is using this data in his presentation to The BoH), is a direct result of only looking at the RRR. During the Pfizer trial, 0.88% of the placebo group contracted C-19, and 0.04% of the injected group contracted it. The net benefit being offered with the Pfizer injection is therefore 0.84% (this is the ARR). The 95% number refers to the relative difference between 0.88% and 0.04%

2. Using data from England and Wales (source: ons.gov.uk), the number of deaths where C-19 was the only cause listed on the death certificate from February 1, 2020 to December 31, 2021, was a total of 3 kids. Obviously, any death is tragic, but how is there no consideration being given to the ramifications of adverse events from injection with these EUA drugs?

The population with the lowest risk of mortality from C-19 don't need another injection that carries its own set of risks. How many kids will be "vax-injured" versus how many will have freedom from mortality with an ARR of 0.84%? It is completely illogical to require this of our children.

Respectfully,

Jason Triche
Sammamish, WA

From: Traci Pierce
Sent: 2/24/2022 8:51:54 AM
To: DOH WSBOH
Subject: Public Comment



attachments\A1BF5C38E9DA444E_image003.png



*attachments\67347E22A2214B13_Resolution No. 9 2021-2022
Opposi_PRDTOOL_NAMETOOLONG.pdf*

External Email

Dear Washington State Board of Health,

Attached please find a resolution unanimously passed by the Kennewick School District Board of Directors at their February 23, 2022 Board Meeting. Thank you.

Sincerely,

Traci Pierce



Kennewick School District #17, 1000 West 4th Ave., Kennewick, WA 99336

**Resolution No. 9
2021 - 2022**

**A RESOLUTION OF THE KENNEWICK SCHOOL DISTRICT BOARD OF DIRECTORS
OPPOSING REQUIRED COVID-19 VACCINES OF STUDENTS**

WHEREAS, the Kennewick School District Board of Directors represents a diverse community of families with varying personal, philosophical, religious, and political beliefs; and

WHEREAS, it is the School Board's responsibility and duty to listen to and represent the entire community whom they serve and remain a governing Board free from political bias; and

WHEREAS, the Board respects the right of individual families to make health decisions for their children; and

WHEREAS, whether to receive the COVID-19 vaccine is a health-related decision; and

WHEREAS, COVID-19 vaccines are readily available for those who choose to receive them; and

WHEREAS, Kennewick School District provided space for, and communicated about, vaccine clinic opportunities for families; and

WHEREAS, the COVID-19 vaccine has been widely available to families in the community; and

WHEREAS, receiving the COVID-19 vaccine is an acceptable and encouraged choice for families who so desire; and

WHEREAS, the State Board of Health and Department of Health have convened a technical advisory group (TAG) to consider a COVID-19 vaccine against the State Board of Health's criteria regarding whether to add it to the list of the state's list of required immunizations for school entry; and

WHEREAS, the TAG has encouraged stakeholders to provide input; and

WHEREAS, the Criteria 8 of the Immunization Advisory Committee (IAC) is to consider whether the administrative burdens of delivery and tracking are reasonable; and

WHEREAS, Washington State Law allows parents or guardians to exempt their child from immunization requirements for personal/philosophical, religious or medical reasons; and

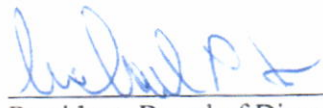
WHEREAS, the Kennewick School District Board of Directors believes requiring the COVID-19 vaccine would create an unreasonable administrative burden,

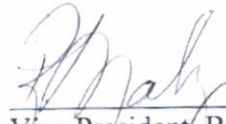
NOW THEREFORE BE IT RESOLVED that the Kennewick School Board of Directors opposes making the COVID-19 vaccine required under WAC 246-105-030.

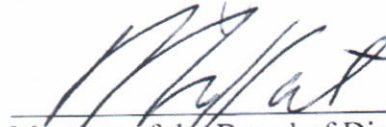
Adopted and approved this 23rd day of February 2022.

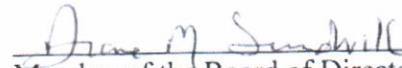
ATTEST:


Secretary, Board of Directors


President, Board of Directors


Vice President, Board of Directors

 Telephonically approved
Member of the Board of Directors


Member of the Board of Directors


Member of the Board of Directors

From: Deanna Dymarkowski
Sent: 2/17/2022 8:34:03 AM
To: DOH WSBOH
Cc:
Subject: Do NOT add COVID-19 for inclusion in chapter 246-105 WAC

External Email

I'm writing to request the COVID-19 shot to NOT be included in 246-105.
The vaccine is an EAU only, has not been tested, and children are of lowest risk of death.
C19 is waning, and should be treated as the cold/flu.

Whether or not to put something like this shot into a child's body is a parental decision,
not a state or federal decision to make.

Sincerely,
Deanna Dymarkowski
Ephrata, WA. 98823
509-761-1128

From: Katie Kofmehl Smith

Sent: 2/27/2022 4:42:20 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), Gibbon, Lance W, Reykdal, Chris, Carl Smith, DOH Information

Cc:

Subject: Thank you

External Email

Hello,

For two years you have been making decisions based on the "data" we have reached the point where it is time to remove all mitigation measures for children in light of the 'data'. I want to take a moment and thank you again for always working towards keeping kids in the classroom no matter what.

Covid Vaccine

The TAG decision to not advise that the covid vaccine be added to the list of required shots for children was a step in the right direction. Where there is inherent risk, lack of sufficient long term data and it still remains only approved for emergency use we must allow for choice. I am eager for the Board of Health to heed the decision of the TAG and vote no as well. There is a reason that 70% of parents with kids 5-11 have chosen not to give this shot to their children. Please listen to this data. What other information is the Board of Health considering to make this decision? Can I access this information?

Masks

Friday afternoon the CDC publicly announced that children are not at high risk for death or hospitalization from covid. That schools are a safe place for kids to be mask free. Therefore they said that effectively immediately if a county is in a low - medium zone all masks (even on buses) could be removed. What is keeping us from allowing each school board to immediately announce that masks can be used by choice? I know my children will not be wearing masks tomorrow. For two years the state has said they were following the 'guidelines' well guess what the guidelines say they can be free to make a choice. If you choose not to allow this immediately you will continue to deteriorate what little trust is left with the people. There is literally nothing for you to say here. Parents should have always been allowed to make the decision for their children. If a mental health crisis, dramatic enrollment reductions and failing test scores are not enough for you to remove masks, what will it take?

Testing for Covid

Stop testing healthy children. Period. You are continuing to erode the faith that these children have in their bodies. The innate knowledge that they can be in tune to how they feel and you are telling them that they need a test to tell them they are healthy. The CDC and the WHO have both stated that covid is not going to be eradicated. I could provide you citations for this but you already know it. We must move forward. Go back to 'stay home when sick'. What basis do you have for continuing to test healthy students?

I appreciate your time and consideration. I look forward to your response to my questions and your immediate announcement that children can be free of masks.

Sincerely,
Katie Smith
Mother of three

--

Best Regards,

Katie Kofmehl Smith

From: Joseph Cassidy
Sent: 2/18/2022 1:37:53 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine.

External Email

Dear Board of Health, I'm writing to you as a concerned citizen regarding the COVID-19 vaccine that you want children to get in order for them to attend school next fall. Children of any age don't need to get this vaccine which has not been adequately tested. If children do get the vaccine, it should be a decision made by their parents, not you. Please remember this so-called vaccine is a E.U.A. only and anyone, including children who take the shot are participating in a massive experiment. This shot presents more risk to kids than COVID-19 itself. The young are at a low risk from COVID-19 and unlikely to pass it to parents/grandparents. Please be aware that there are many documented cases of myocarditis in children related to this shot. It has the potential to cause permanent damage to the nervous,cardiovascular,reproductive, and immune systems. Do you really want to risk these potential health issues to our children. More children have died from influenza in 1yr than from COVID-19 and there is no requirement for an influenza shot as part of school immunizations, so there shouldn't be a requirement for a COVID-19 injection. PLEASE DON'T DO THIS!! Sincerely, Joseph Cassidy.

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: Cristy Santeford
Sent: 2/24/2022 8:04:59 AM
To: DOH WSBOH
Cc:
Subject: Covid shot in Wa Schools

External Email

I am a very concerned citizen of the State of Washington. I find that requirement for the Covid shot in schools to be very reckless and possibly harmful to children in the future. The shot has not been tested long enough for one thing. We are no longer in a emergency. There are many reports of myocarditis especially in boys for children. The Covid has not caused any more health woes in children than the flu season does each year. I want to be very clear I am against the Covid shot being a requirement for the schools!

From: Tom Ellis
Sent: 2/24/2022 10:10:42 PM
To: DOH WSBOH,Schaeffer, Cyndi
(DOHi),slevy@kingcounty.gov,reagan.dunn@kingcounty.gov,DOR King County Leg
Authority 2
Cc:
Subject: Remove all mask mandates now

External Email

To whom it may concern,

It is time for all of Washington state to follow the lead of the majority of states in the US and get rid of all mask mandates immediately. This especially includes kids and schools.

There are exactly zero RCTs that show that masks have any appreciable effect in stopping or even slowing the spread of an airborne aerosolized virus, and many studies that show just the opposite. I realize this is a fact that those who continue to push masks refuse to acknowledge, but it does not change the studies or what they have shown. Do you believe otherwise? Please show me the RCT. I have made this challenge to many physician friends of mine for over a year, and not one has been able to prove me wrong. Once they realized this is true, almost all of them rethought their own stances on masks.

Regarding masks in school, the evidence is overwhelming and has been from the beginning of the pandemic that kids under 18 are the least likely to suffer serious disease or death as a result of Covid. The number of kids who have died because of Covid, as opposed to while testing positive for Covid, is statistically insignificant. The recent changes by the CDC in the number of words a child should have learned by 24 months shows the damage that has been done just in the last two years. I would love to see studies on the effects on kids in the 3-6 year old range regarding their abilities to socialize, as well as their own language development. Not to mention any psychological effects of two years of hardly seeing any exposed faces outside their households. I am sure these studies are being run, and more will be run in the future. And I fear what the results will show.

Sweden kept all of their schools for kids up to age 16 open and did not impose mask mandates. Their death rate for kids in that age group since March 2020 has been statistically equal to that for equivalent periods pre-Covid. For some reason politicians and many physicians in the US (and much of the rest of the world for that matter) do their best to ignore and even hide the success of Sweden's strategy, especially compared to what their own countries have done. I will not express my opinion as to why that has happened, which is not my current concern. The fact that it HAS occurred and continues to this day is very much my concern, and should be yours as well.

And of course Sweden never placed any mask mandates on the rest of their population either, and their Covid death rates are considerably better than of the US and many other countries that insisted on mask mandates. This does not have the power of an RCT, but is strong anecdotal evidence against mask mandates for anyone.

Look at the FACTS. Get rid of the mask mandates for ALL indoor and outdoor spaces, and do it NOW. If people want to continue wearing masks that's fine, let them wear them. But don't force the great majority who want masks gone to continue to endure them. And this especially applies to kids.

You are welcome to contact me with any questions.

Sincerely,

Tom Ellis
11018 SE 30th Pl
Bellevue, WA 98004

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmailstat.us%2Ftr%2Fopt-out%3Fguid%3DIhj2naxl020l63y&data=04%7C01%7CWSboh%40sboh.wa.gov%7C5c70fb317d4d4830943>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmailstat.us%2Ftr%2Ft%2Fdummy>

From: Yellowboy cage D. Cage
Sent: 2/25/2022 2:56:04 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I wood not Half of the people don't even trust the government and I think it is a shame that they would try to even force people to get their children vaccinated just to go to school I think they should keep wearing a mask all over a smile you can see your child smile when they are home safely in your care hopefully that the public in the school will do their part as keeping everybody safe and secure thank you

From: Liberty Starr
Sent: 2/22/2022 8:59:18 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccines for students

External Email

To whom it may concern:

I am oppose to any covid-19 vaccine being approved as part of the schools' requirements for student enrollment. One , two, three or more of these vaccines is not ok. They are too new to be considered safe for the long term, as long term studies have not been conducted due to lack of time. These shots have only been around a very short time. They are not effective in preventing transmission. We have seen the "fully vaccinated" get Covid-19 time and time again.

We are at endemic stages of Covid-19 and it is time we start living life again without overreaching authoritative rule that violates parental rights. It is the parent who gets to decide for their children, not the government, not the schools, not the TAG team, not the Board of Health. I am not ok with this. Many parents, grandparents and concerned citizens are not ok with any of this. And children are the least affected by this virus. Why endanger their lives with a shot that has numerous side effects up to, and including death? It is not worth it. Risk far outweighs the benefit here! The shot is not ready. It has not been around long enough. It is not effective. It is not safe. It is the parents' choice, not yours. Leave it a choice. The Board of Health's purpose is to protect health and health of the community. This shot does not accomplish that, nor the requirement thereof. The only way to protect our children, is to allow choice and give the decision fully to the parents!

Sincerely,

J. Liberty Starr

From: M H
Sent: 2/23/2022 10:37:43 AM
To: DOH WSBOH
Cc:
Subject: comments for immunization TAG

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

I joined the BOH meeting on 17th, i heard that there is not enough data. If the data is not enough, you can not make this vaccine requirement for schools.

Please stop this recommendation process.

* 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: Brianna Leitz
Sent: 2/25/2022 1:31:56 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: Eric Quick
Sent: 2/17/2022 6:26:34 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: Jeremy Raymond
Sent: 2/25/2022 2:11:23 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: Brandon Stock
Sent: 2/17/2022 4:52:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

As we have seen now King County has come to its senses and will be dropping their vaccine mandate.

Stop wasting the TAG's time and cancel future meetings.

They clearly will not have enough information to make an informed decision and even if they do it will be unprecedented to approve a vaccine under EUA.

Please do not force these EUA vaccines on our children.

* As we have come to learn this vaccine is not completely effective at keeping you from contracting and passing SARS-COV-2.

* It seems to be good at reducing symptoms and keeping you from getting more severe disease.

* The reduction of symptoms is something we were very wary of early on in this pandemic with asymptomatic spread being one of the scary reasons we had to lock down and all wear masks, because you never know if you have the disease.

* Who will be held legally responsible for harm that a forced vaccine under Emergency Use Authorization causes harm to our children in the future?

Thank you for your time.

Brandon Stock

Father of Charlotte (7) and Anna (10)

From: beth blakley
Sent: 2/21/2022 10:17:36 AM
To: DOH WSBOH
Cc:
Subject: Public comment COVID shots for children BOH/TAG meetings WAC 246-105

External Email

Hello,

I attended the February 17th Zoom meeting between the Board of Health and the TAG group. I will be listening in on the February 24 meeting.

I specifically want to know where is the public survey/comment data that the TAG sent out after the January 2022 meeting? That is a grave omission, so I am counting on that being presented at your Feb 24th meeting. How can you know how to proceed if you don't know the public opinion on this matter, as it relates specifically to Criteria #7 of Category III 'Implementation':

"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."

I know for a fact there is OVERWHELMING PUBLIC/PARENTAL OPPOSITION to adding Covid shots to the childhood immunization schedule and you know there is too. If you do not share the survey results with the public, it will only add to the public sentiment that the BOH is trying to push this through in a non-transparent fashion.

* Our healthy low-risk children should not be 'sacrificed' for the good of the elderly/compromised in our population. The shots are not true vaccines and do not prevent transmission, so why would you put healthy kids at risk of harm from the shots to protect those who should/can be protecting themselves, if the "vaccines" truly work?

* New studies are showing natural immunity (no shots) is better for children so they should be allowed to get/give covid to develop natural immunity, rather than be forced to take a dangerous shot.

* Why are you looking at stats for risk of death in unvaxxed from omicron for "all people" not using stats for kids who have almost zero risk of death from Omicron?

* WHAT IS THE RUSH TO APPROVE THIS? Why not wait for more data in the childhood population? We are in an ENDemic, not a PANdemic and mandates are easing so this is an especially bad time to be doubling down on shots for kids, especially given

the public sentiment/parental hesitancy. You will lose so many more children from the public schools if you push this through. We should no longer be under emergency status.

- * COVID poses almost a "0" threat to children. Why are we considering a vaccine for them in the first place? Risks far outweigh any benefit.

- * Myocarditis caused by the shots is NOT RARE and YOU HAVE ABSOLUTELY NO LONG TERM SAFETY DATA ON THESE SHOTS IN THIS POPULATION! In most cases this will result in damaged scar tissue on their heart. Why are we even considering this for our children?

- * TAG presenters said VAERS is not a valid database but it is a CDC database and is known to be SEVERELY UNDERREPORTED and there is known data suppression . Children are being hospitalized but not followed for symptoms...discharge from hospital does not mean myocarditis was resolved into adulthood and it is likely these kids will suffer permanent heart conditions from the damage into later life. We do not have enough data to make an informed decision, correct??????

- * NUMBER of cases is NOT IMPORTANT as healthy children are fine with covid where the elderly are not...the "number of cases" rate has only caused fear/hysteria because children are lumped in with adult cases when they should not be.

- * TAG presenters consistently admitted they "don't have ALL THE INFORMATION THEY'D REALLY LIKE TO HAVE" AND the parents have no recourse if damage is caused and so there is NO INFORMED CONSENT!

- * TAG presenters used old Delta data, not Omicron, which is weaker/milder virus, especially for kids so even less necessary to get the shot than you may have been able to justify before.

- * Of those kids with covid/deaths, how many were WITH covid, not OF covid and had other co-morbidities? You never hear that data, leading people to assume kids are at risk of severe covid and death when they typically are not if otherwise healthy with no co-morbidities.

- * AGAIN- it makes no sense to be considering a "vaccine" that is not preventing the disease, it is lessening the symptoms with multiple side affects. Children already have less symptoms than adults. This shot is not needed!!!! Please do not approve this for children. In order for a vaccine to be tested there must be stringent studies conducted for at least 5 years. This COVID vaccine was rushed through trials and is not ready to be given to children.

Thanks for hearing my concerns. Myself and 1000s of other concerned Washington residents are watching the TAG/BOH's work on this. Please do the right thing and recommend that we hold off on recommending a COVID vaccine to children.

Beth Blakley

Concerned Washington resident and grandparent

From: Kathleen Strong
Sent: 2/17/2022 9:21:51 AM
To: DOH WSBOH
Cc:
Subject: No Vaccine Mandates for our Children!!

External Email

Dear Washington Board of Health,

Any mandate forcing parents to inject children with the Covid-19 vaccine would be the worst choice for the youth of Washington State. Any choices of vaccines or any medical needs should be between a parent / patient / doctor - no where in there is the government!! (Or government <overreach> agency.)

I speak from experience, I have a son, who at 22 years old, voluntarily took the vaccine, and with the very first dose, experienced chest pain and tightness. He proceeded to get the second dose, but he spread it out beyond the normal wait time per medical advice. He had the same reaction again, this time for longer. In a group of individuals with a much lower risk of contracting Covid, and if they do, less chance of having any serious complications, WHY would we put them at risk of troubles with their heart??? (Or worse.)

I am NOT willing to put my younger sons at such risk! I have a 17 & 15 year old at home and they WILL NOT get the vaccine. They WILL NOT get it if you force them to. They will be another casualty of this messed up state and we will move from here.

I am the third generation born in Washington, so I do not take it lightly to move my roots from this state - but when you want to force something into a child, you are going TOO FAR.

What happened to MY BODY, MY CHOICE???

Regards,
Kathleen Strong
11003 35th Ave SE
Everett, WA 98208

wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>>

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:20:56 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\C06AE02C43A946B2_20220221180720927.pdf

Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:07 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: 02.21.2022 18:07:20 (-0800)

Queries to: ricoh@doh.wa.gov



have you forgotten what
America stands for?

FREEDOM! we The People have
The freedom To Choose! It is Not
For you To Choose what we do
for our kids.

From: Neil Eneix Sr.
Sent: 2/18/2022 6:11:30 AM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

Dear Governor,

The vaccines present more danger to children than Covid 19 itself. Not enough research or time has proven the vaccine's value. We recently lost a nephew of 38, married and father of 3 children who died suddenly from the Covid vaccine. His lungs were filled with blood clots. He died of Covid vaccine injury. Please do not mandate or even advance children receiving the Covid vaccines.

Sincerely,
Neil and Cheryl Eneix

From: Billy Cathcart
Sent: 2/26/2022 9:03:29 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: Alisa Carlson
Sent: 2/24/2022 11:37:20 AM
To: DOH WSBOH
Cc:
Subject: Vote no on the Covid shot

External Email

I am a parent of a vaccine injured child. To force parents to get the COVID-19 shot when there is no risk of death is irresponsible. There is however significant risk with the shot as we all know. Things that can develop myocarditis anaphylactic death paralysis and the list goes on. All these side effects a child would never have when getting sick with Covid which is extremely mild. Kids are sick 1 to 2 days at most a week like the seasonal flu. More kids die every year of the flu yet we do not mandate the flu shot. Please vote no. Parents are the sole stakeholders and their child's health. Thank you Alisa concerned parent.

Sent from my iPhone

From: Robin Crager
Sent: 2/16/2022 4:42:02 PM
To: DOH WSBOH
Cc:
Subject: Immunization requirements using WAC246-105

External Email

I am writing to plead with law makers to re-think their ideas of requiring children to be required to be vaccinated for covid-19 in order to attend public schools. This is absolutely shameful and needs to be stopped. More kids died of influenza in one year then covid and that is not requiring a vaccine. Children are in very small danger I'm dying from covid. There is much higher risk from the experimental vaccine that has not been properly tested. We don't know yet what the long-term effects are and our children need to be protected. Please use good common sense and don't even think of requiring a vaccination for covid-19 for children.

Respectfully submitted,
Robin Crager

From: Gary Medearis
Sent: 2/21/2022 8:18:33 PM
To: DOH WSBOH
Cc:
Subject: Kids and vac

External Email

-the vaccine presents more risk to children than Covid-19 -there are many documented cases of myocarditis in children, especially boys, related to the shots -the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/15/2022 2:20:55 PM
To: DOH WSBOH
Cc:
Subject: FW: AGAINST VACCINE MANDATE

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Tuesday, February 15, 2022 9:02 AM
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: Herendeen, Lindsay (SBOH)
Sent: 2/16/2022 12:57:31 PM
To: DOH WSBOH
Cc:
Subject: Fwd: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:44:00 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Herendeen,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Cheryl Thompson
Sent: 2/16/2022 7:55:30 PM
To: DOH WSBOH
Cc:
Subject: No Covid immunizations for children

External Email

We do NOT want Covid vaccines for children. The Covid virus has been mild for children. Many children have already had Covid and have immunities. There is no way these children should be getting more antigens with the vaccine. Many children who have received the vaccines have been injured. This is child abuse!!! The decision to vaccine children should come from the parent and the child's doctor NOT the government. End all vaccine and mask mandates now!

Sincerely,
Cheryl Thompson
12750 444 Avenue SE
PO Box 644
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: K Freedom
Sent: 2/27/2022 10:23:01 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: Alisha Anderson
Sent: 2/25/2022 2:18:46 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: Deanna McDougale
Sent: 2/16/2022 5:34:00 PM
To: DOH WSBOH
Cc:
Subject: NO to Mandatory Vaccines

External Email

To members of the Board of Health: I am a mother of 7 grown children and 15 grandchildren. I demand you STOP any attempt to require Covid-19 injections as part of school immunization requirements using WAC 246-105.

These vaccines have NOT been tested or approved by the FDA. They are only issued for emergency use only! There is NO emergency for our children.

More kids have died from influenza in a year than from Covid-19 and children are NOT required to get influenza vaccines.

Children who have been vaccinated have suffered damage to their nervous system, cardiovascular and reproductive systems and their immune system.

What has been done to our children through the mask mandates and vaccines is criminal!!! WE WILL NOT SIT BACK ANY LONGER AND ALLOW OUR CHILDREN TO BE HARMED!!

Do the right thing! Stop THIS!!!!

Deanna R McDougale
13503 Josh Wilson Rd
Mount Vernon, WA 98273
360-707-8403
drmcDougale@gmail.com <mailto:drmcDougale@gmail.com>

From: Robert Holte
Sent: 2/18/2022 4:39:36 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: DOH Information
Sent: 2/25/2022 5:36:38 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\3C5039114725454A_image002.png

Hello,

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: Friday, February 11, 2022 10:30 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:

Do not require school children to have the covid vaccine. Do not consider COVID-19 for inclusion in the states list of required immunizations for childcare and school entry. As a resident and taxpayer in the State of Washington I think adding the covid vaccine to the list of required immunizations is a very bad idea and not legal.

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:

Brenda Violet Hampton

Email:

BHAMPTON@IFIBER.TV <mailto:BHAMPTON@IFIBER.TV>

Telephone:
15097545333

5.

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

BHAMPTON@IFIBER.TV <mailto:BHAMPTON@IFIBER.TV>

From: Trish Nilsen
Sent: 2/20/2022 7:17:54 PM
To: DOH WSBOH
Cc:
Subject: PUBLIC COMMENT Concerns re: Covid shots for children: BOH and TAG meetings WAC 246-105

External Email

I attended the February 17th Zoom meeting between the Board of Health and the TAG group; unfortunately, I cannot attend the Feb 24th meeting this coming week.

I specifically want to know where is the public survey/comment data that the TAG sent out after the January 2022 meeting? That is a grave omission, so I am counting on that being presented at your Feb 24th meeting. How can you know how to proceed if you don't know the public opinion on this matter, as it relates specifically to Criteria #7 of Category III 'Implementation':

"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."

I know for a fact there is OVERWHELMING PUBLIC/PARENTAL OPPOSITION to adding Covid shots to the childhood immunization schedule and you know there is too. If you do not share the survey results with the public, it will only add to the public sentiment that the BOH is trying to push this through in a non-transparent fashion.

I have some key points of concern to share with you after the February 17th meeting, based on my 35 years of experience as an RN working with children and families and raising 3 kids in public schools in Washington myself:

* Our healthy low-risk children should not be 'sacrificed' for the good of the elderly/compromised in our population. The shots are not true vaccines and do not prevent transmission, so why would you put healthy kids at risk of harm from the shots to protect those who should/can be protecting themselves, if the "vaccines" truly work?

* Dunn and Kroman complain about staffing and hospital issues due to increased covid cases in hospitals currently, but that's because of adult case #s, not kids-again, why should kids be responsible to fix staffing/hospital problems caused by an inept governmental response?

* New studies are showing natural immunity (no shots) better for kids so they

should be allowed to get/give covid to develop natural immunity, rather than be forced to take a dangerous shot.

* Why are you looking at stats for risk of death in unvaxxed from omicron for "all people" not using stats for kids who have almost zero risk of death from Omicron?

* WHAT IS THE RUSH TO APPROVE THIS? Why not wait for more data in the childhood population? We are in an ENDemic, not a PANdemic and mandates are easing so this is an especially bad time to be doubling down on shots for kids, especially given the public sentiment/parental hesitancy. You will lose so many more children from the public schools if you push this through.

* One of TAG presenters said "deaths probably prevented by vaccinating but don't know for sure".....how do you expect people to trust you when you speak in uncertainties? Why are "experts" only following patients for 60 days for adverse events when they should be followed long-term?

* Myocarditis caused by the shots is NOT RARE and YOU HAVE ABSOLUTELY NO LONG TERM SAFETY DATA ON THESE SHOTS IN THIS POPULATION!

* TAG presenters said VAERS is not a valid database but it is a CDC database and is known to be SEVERELY UNDERREPORTED and there is known data suppression (corroborated by my colleagues who were told not to report on fear of sanction). Kids are being hospitalized but not followed for symptoms...discharge from hospital does not mean myocarditis was resolved into adulthood and it is likely these kids will suffer permanent heart conditions from the damage into later life.

* NUMBER of cases is NOT IMPORTANT as healthy children are fine with covid where the elderly are not...the "number of cases" rate has only caused fear/hysteria because children are lumped in with adult cases when they should not be.

* TAG presenters consistently admitted they "don't have ALL THE INFORMATION THEY'D REALLY LIKE TO HAVE" AND the parents have no recourse if damage is caused and so there is NO INFORMED CONSENT!

* TAG presenters used old Delta data, not Omicron, which is weaker/milder virus, especially for kids so even less necessary to get the shot than you may have been able to justify before.

* Of those kids with covid/deaths, how many were WITH covid, not OF covid and had other co-morbidities? You never hear that data, leading people to assume kids are at risk of severe covid and death when they typically are not if otherwise healthy with no co-morbidities.

Thanks for hearing my concerns. Myself and 1000s of other concerned Washington residents are watching the TAG/BOH's work on this. Trish Nilsen, RNC

From: Kasha Sonntag
Sent: 2/17/2022 1:46:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

John Dunn's comments regarding the impact to overall healthcare due to Covid... while I won't argue with the large impact, there is an assumption that being vaccinated changes that in today's environment. So all the Omicron cases he referred to and the impact, with a very vaccinated state (WA) a large percentage of this cases are in the vaccinated.

Kasha Sonntag

I have worked in pharmaceuticals for nearly 20 years, you aren't hearing the data in entirety. There is very little scrutiny being applied or weight being given to the other side. If people want to get their kids vaccinated they can.

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/17/2022 2:07:15 PM
To: DOH WSBOH
Cc:
Subject: FW: Questions for SBOH regarding today's webinar

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

From: Marie Tansy <marie.tansy92@gmail.com>
Sent: Thursday, February 17, 2022 2:07 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Questions for SBOH regarding today's webinar

External Email

□Hello,

My questions for you to look into are:

1. Who are the members/monitors of the DSMB (Data Safety Monitoring Board), IRB (Independent Review Board) overseeing the data coming in on adverse events like ALL proposed injections/medications ? You may be surprised by what you find. There is NO DSMB, NO IRB, for these experimental, biological injections. Why?
2. Where are the independent studies with no conflicts of interest (not big pharma funded) that you are working off of? Has all your data been free of censorship and coercion?
3. Are children major drivers of infection/illness in the community?
4. Isn't it your role as the SBOH to find ways to provide a reasonably safe environment by the least intrusive means possible?
5. At what point is an illness considered either waning, or just endemic in a population post-pandemic? We are long-past pandemic emergency use.
6. Is the death and damage borne by our children worth any imagined value to the greater community? There is no evidence for this to be the case. They are sacrificial lambs for adults to have the perception of safety. This is wrong!

I am concerned that you may be held collectively and/or personally liable for death and personal injury incurred as a result of any potential mandates. You are considering experimentation on American children. This is wrong.

Peace and wisdom to you,

Marie Tansy

Sent from my iPhone

From: Angelique Waldron
Sent: 2/17/2022 7:49:16 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: kathy brody
Sent: 2/18/2022 10:33:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

If you vote for the children to be vaccinated you will be making a huge mistake. I watched the zoom meeting Feb. 17. These expert presenters were too connected to government and organizations who are and who continue to profit from the wreckage this planned pandemic is inflicting. Widen your circle of information gathering, say to Senator Ron Johnson's experts, or to the countries who are gathering data and reporting more honestly than the USA. Changing our immune systems with jabs or RNA is destroying those immune systems. We are heading for further disasters. Here is what Scotland is finding. The unvaccinated will survive.

My post graduate work was in Epidemiology, I was a public health nurse, and my career was in Health Care Research.

Please let the parents decide for their own children, without discrimination for the unvaccinated.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2022%2F02%2Frefuse-publish-covid-data-shows-fully-vaccinated-have-aids%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca9b743fb793f4f516b1408d9f30cfb8f%7C1>

Sent from my iPad

From: Catherine Mangis
Sent: 2/16/2022 9:04:00 PM
To: DOH WSBOH
Cc:
Subject: OPPOSE covid shots for kids

External Email

To Whom It May Concern:

If there was any doubt in your mind about the need, efficacy, and monetary gain over this issue, watch this video. OPPOSE putting Covid shots on Washington's childhood schedule. If you approve it, may you reap what you sow.

<https://thepulse.one/2022/02/16/fda-executive-caught-on-camera-revealing-bidens-plan-for-covid-shots/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthepulse.one%2F2022%2F02%2Ffda-executive-caught-on-camera-revealing-bidens-plan-for-covid-shots%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c55de83d0264fd81a3a08d9f1d2c3e6%7C11d>>

Catherine Mangis

--

Sent with <https://mailfence.com>
Secure and private email

From: Ian Fouts
Sent: 2/17/2022 9:48:17 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: Mars
Sent: 2/17/2022 9:43:00 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 & forced vaccines for children

External Email

Washington State Board of Health,

It is imperative that you not consider implementing forced vaccines on our children under the age of 11. These vaccines have not gone through the full clinical testing process. The vaccine is still only approved for Emergency Use at this time. We have no idea of the damage it can cause in the future development of our children. The FDA has not cleared this vaccine for children under five years of age. Toddlers are still at a critical stage of development and we should not use them as guinea pigs. The future of our children is dependent on adult decisions. Don't fail them now.

Thank you for your attention to this matter,
Marlene Robinson

From: Pat Ketcham
Sent: 2/24/2022 12:39:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4c0f23c88dd4430ccc9008d9f7d5c735>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4c0f23c88dd4430ccc9008d9f7d5c735>

Reason 3: The Vaccine does not reduce transmission:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4c0f23c88dd4430ccc9008d9f7d5c735>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my iPhone

From: Kristan Ashbridge
Sent: 2/16/2022 9:18:00 PM
To: DOH WSBOH
Cc:
Subject: No Vaccine For Children

External Email

OPPOSE the vaccine for children

Sent from my iPhone

From: Robert Holte
Sent: 2/16/2022 12:24:00 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: Amy Stazel
Sent: 2/21/2022 6:48:18 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements

External Email

Hello,

I have emailed three times regarding this potential for the Covid vaccine required for school enrollment. Like minded parents will not do this to their children. Why is the flu vaccine not required? Kids are less likely to have severe symptoms from this virus, so why make it required? Is it only to potentially stop the spread to adults? Our children should not be the experiment. If adults chose to get the vaccine then they will, however our children don't have the voice to say that don't want it, and I will be damned if I am not going to advocate for my children. I have stated before, my kids will be pulled. We will move or home school before we subject our kids to the vaccine that hasn't had enough research. I strongly urge the board to reconsider this extreme measure for our children.

Amy Stazel

Sent from my iPhone

From: Nick Vowels
Sent: 2/18/2022 10:42:54 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I would like no vaccine requirements for any children in schools. They are not proven safe at all!

Sent from my Galaxy

From: Connie W
Sent: 2/17/2022 10:07:50 AM
To: DOH WSBOH
Cc:
Subject: PROPOSED POLICY: Regarding COVID-19 injections for school

External Email

To whom it may concern, thank for for the opportunity to share my concerns with you regarding the Proposed Policy to Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

A few points for opposition:

*COVID vaccines are sub-optimal vaccines—meaning that they do not fully prevent virus from infecting our cells, and they do not prevent transmission of the virus from one person to another. Optimal vaccines prevent infection of cells and prevent transmission.

*Moreover, there is legitimate concern that vaccinal COVID antibodies might detrimentally interfere with natural antibodies and other natural multi-dimensional responses of the naturally behaving immune system. This concern includes the possibility that vaccinal antibodies might interfere with the training and practice that a young child's innate immunity division needs and normally gets in the absence of interfering vaccinal antibodies. In other words, the COVID vaccines might be harmfully disturbing and disrupting the normal immune ecosystem, particularly in children.

*Informed Consent: Children have had no voice or vote, regarding their potential COVID vaccination. Children depend entirely on their parents to make a well-informed and wise decision. Ethically, experimental pharmaceutical products, particularly experimental vaccines that have been rushed into use before adequate testing for safety could be completed, must not be administered to anyone, particularly children, without adequate informed consent.

Pediatricians are legally and morally required to honor the principle of "Informed Consent" and make certain that parents are sufficiently informed before they (the parents) agree to have their children vaccinated.

--

Connie on the Spot Inc

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 8:49:20 PM
To: DOH WSBOH
Cc:
Subject: FW: February 17.2022

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:37 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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%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 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://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%7Cb250f1b6e79f493ff87c08d9f1d0dbab%7C11d

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%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb250f1b6e79f493ff87c08d9f1d0dbab%7C11d>

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%2Feducat>
masks-for-all-children-arent-needed-or-
ethical&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb250f1b6e79f493ff87c08d9f1d0dbab%7C11d0

<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%7Cb250f1b6e79f493ff87c08d9f1d0dbab%7>>

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: Wendy Garner
Sent: 2/17/2022 9:16:24 AM
To: DOH WSBOH
Cc:
Subject: NO on Covid Jabs for Children

External Email

You don't seem to be listening to the citizens of Washington State. You know the overwhelming majority of us are saying NO to this action.

Wendy Garner
Dave Garner
Mossyrock, WA 98564
3608804423

From: DOH Information
Sent: 2/24/2022 12:07:00 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\717F03B39CE5475E_image001.png

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 <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 22, 2022 9:39 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:

Hello, Simply put. I intend to homeschool my children if the Covid-19 shot is added to the vaccination list for Washington schools. Do not get ahead of yourselves just to do what you think in the moment is what mainstream is telling you to do (its actually a very small voice pumped from the TV and a few doctors that play "expert" pumping out a one side narrative) There is a substantial amount (not anecdotal or some fairytale story) but a substantial amount of science and good data that shows these shots are very (not minimal) but very harmful to children and young adults. You just have to do some very basic research and be open to doing so. This isn't last year's conspiracy or some story made up in someone's mother's basement. No, this is coming from another viewpoint that has presented very real arguments and scientific evidence to back up their concerns. Some from leading renowned Doctors and experts in their fields. This can not simply be ignored. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you. -Mark Dorn (Blue voter for now) but will quickly jump to the other side...

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:

Mark

Email:

mcdorn89@gmail.com <mailto:mcdorn89@gmail.com>

Telephone:

(no answer)

5.

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

mcdorn89@gmail.com <mailto:mcdorn89@gmail.com>

From: Terry Howard
Sent: 2/20/2022 6:37:19 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Terry Howard

From: P D
Sent: 2/24/2022 3:02:20 PM
To: DOH WSBOH
Cc:
Subject: VOTE NO!

External Email

Please vote no for requiring the covid vaccine for schools.

The flu shot is not required. The covid vaccine should not be required. It is not equitable. It is discriminatory. Let parents have the right to choose.

Thank you,

Presca DiOrio

From: Testify Online Survey
Sent: 2/23/2022 4:09:07 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 24, 2022

2.

Agenda Item or Issue:

TAG Voting: Should the group recommend to the State Board of Health that the COVID-19 vaccine be added to the state's immunization requirements for school entry (WAC 246-105- 030)?

3.

Your Name:

David Tripp

4.

Do you have a professional title?

1. Yes

Grandfather and Father

5.

Are you representing an organization?

1. Yes

WA Citizens

6.

Address:

1413 Everett Street

7.

Email:

xaltgsus@gmail.com

8.

Phone Number (Include Area Code):

2532245239

9.

Do you have any special expertise relevant to this topic?

1. Yes

Grandparent of several school age children.

10.

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

1. Yes

TAG Voting: Should the group recommend to the State Board of Health that the COVID-19 vaccine be added to the state's immunization requirements for school entry (WAC 246-105- 030)?

11.

Are you Pro or Con on the proposal?

2. Con

Con - Children do not need to take a vaccine that is under emergency use authorization and DOES NOT prevent getting covid. As well, many adverse reactions have been recorded that need to be taken into account. This is forced coercion and truly does not represent the best interests of children and their families. Vote no!

From: Amber McKee
Sent: 2/26/2022 8:22:36 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: Marcus Smetana
Sent: 2/25/2022 3:49:37 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: Hoff, Christy Curwick (DOH)
Sent: 2/23/2022 8:21:08 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: Corrie Bechtold <cowgirlup_730@msn.com>
Sent: Wednesday, February 23, 2022 8:20 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>

Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that if you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Jamie Walsh
Sent: 2/16/2022 5:08:27 PM
To: DOH WSBOH
Cc:
Subject: No forced vaccination

External Email

Asking that Washington State not require COVID vaccine for school children in Fall.

Jamie Walsh, AIA (360)532-5728

From: Kimberly Krebs
Sent: 2/17/2022 6:46:26 AM
To: Hannah
Markham,Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery,
MD (DOHi),Reykdal, Chris (DOHi),Miller, 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),Aultman, John (GOV),Phillips, Keith (GOV),Voris, Molly (GOV),Sawyer, Sheri
(GOV),Davis, RaShelle (GOV),Serrano, Barbara
(GOV),school.board@rentonschools.us,kentboard@kent.k12,joseph.Bento@kent.k12.wa.us,leslie.Hamada@kent.k12.wa.us,
Secretary's Office,Kwan-Gett, Tao (DOH)
Subject: Follow up RE: Equitable Regulations

External Email

Elected Officials –

My 6 year old begged me last night to not have to wear a mask to school anymore. She said "I can't breathe right in it". This is unethical.

The mandatory mask mandates for children needs to be lifted IMMEDIATELY.

Masks should be a choice. Children are suffering while the rest of the nation goes on live television as if Covid doesn't exist.

Subject: Equitable Regulations

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

From: tamra smilanich
Sent: 2/17/2022 1:58:02 PM
To: DOH WSBOH
Cc:
Subject: Please vote No Feb 17, 2022 regarding vaccine

External Email

Hello. I do not support the covid 19 vaccine which has the science to modify the DNA. Humans are very tolerable of virus infections and have been proven to recover very well (according to the data I have been following from WA Health Department), especially if they rest, drink liquids and gave access to monoclonial antibodies such as we saw distributed in Florida this past year.

Please do not make the covid vaccine mandatory nor do not even recommend it.

Thank you.

Tamra

From: Meghann Edwards
Sent: 2/24/2022 10:16:40 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is not accurate.

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8a9b6cd20174b3fa9d208d9f7c1ccb>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8a9b6cd20174b3fa9d208d9f7c1ccb>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8a9b6cd20174b3fa9d208d9f7c1ccb>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Meghann Edwards

From: Karen Shepard
Sent: 2/16/2022 3:15:37 PM
To: DOH WSBOH
Cc:
Subject: Mandatory vaccines for kids

External Email

Dear Governor Inslee,

It has come to my attention that a vote is on the floor for mandatory vaccinations for school aged children. Having raised three kids, and now the grandmother of three school aged children, I am appalled that this is even under consideration.

The science is clear and has been for some time that children are at almost no risk from Covid. They have .02 percent chance of dying from this virus, and are no more or less likely to spread it or contract it even if they are vaccinated. These vaccines have not been studied long enough to know the long term consequences, and in the short time they have been implemented, we have seen a huge spike in myocarditis, especially in young boys. Girls are seeing their menstrual cycles disrupted, and there is new evidence that it actually undermines the bodies natural immune system causing long term diminished ability to fight and recover from other diseases and infections.

In the history of this country there has never been an experiment of this size carried out on the general public with such little data to support its effectiveness or repercussions.

It is a fact that the risks and unknowns outweigh any benefits. Even during the polio vaccination campaign, which actually STOPPED infection and transmission, there was a fee of five dollars so that people could opt out if they chose to do so.

This aggressive over reach into our children's health and future will be a stain on your office and a black mark on your legacy if you persist.

I am sickened to think that you would take such actions for power or politics. It most certainly is not about the health of our children.

In addition, the hypocrisy and ineffectiveness of masks for our kids is nothing but bad theatre. People are waking up and those responsible for this legislation are going to have to answer for the damage.

I encourage you to cease this reckless course of action immediately. It is unconstitutional and immoral.

Sincerely,
Karen Shepard

Sent from my iPhone

From: Kristen Bridgan-Brown
Sent: 2/24/2022 11:25:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

To whom it concerns:

Is it possible that the limited data used to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is not regarding all data necessary for this decision?

Reason 1: According to the New York Times, you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/wojcs-new-york-times-bombshell.htm>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwojcs-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwojcs-new-york-times-bombshell.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C)

[bombshell.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwojcs-new-york-times-bombshell.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/wpt5e-high-zone-tolerance.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwpt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C)

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/wvg3tk-do-the->

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwvg3tk-do-the->

[do-the-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwvg3tk-do-the-)
&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5db31805fe694ef209f508d9f7cb57da%7C11d0e217264e

[covid-19-vaccines-reduce-transmission.html](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fwvg3tk-do-the-)

Reason 4: The Department of Health in today's presentation, acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Kristen Bridgan-Brown

From: Jennifer Harrington
Sent: 2/17/2022 6:08:57 AM
To: DOH WSBOH
Cc:
Subject: Con: Comments for the Immunizations Technical Advisory Group

External Email

I'm an RN at Seattle Children's and am horrified that the group is still pushing forward trying to mandate the Covid vaccine for children.

With current variants, the vaccine is not showing to be effective at reducing transmission significantly and since this variant is generally mild the risk/reward profile is flipped upside down.

Furthermore, mRNA technology is extremely short-lived and not sustainable as a mandated vaccine that needs multiple boosters. The amount of administrative oversight required to ensure all children are up-to-date is going to be onerous to school budgets and cause disruptions in attendance to many children.

Last, since so few children experience severe disease in the first place, this vaccine does not show that the risks are worth the severe disease it prevents.

Many countries have abandoned vaccinating low risk children entirely because they acknowledge not only natural immunity which most of our children already have at this point, but also the inherent risks which the United States continues to downplay, particularly myocarditis in male patients.

From a practical perspective, this will cause more vaccine hesitancy on a larger scale which will have a downstream affect for generations. It will also cause more distrust within the BIPOC community since they are the least likely to be vaccinated and the least receptive to such mandates.

I implore you to abandon this idea and not recommend adding the Covid vaccine to the mandated list of childhood immunizations in Washington state.

Best,
Jennifer Harrington, RN

From: Tracy Richter
Sent: 2/25/2022 8:59:21 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: Sarah Franklin
Sent: 2/18/2022 12:01:42 PM
To: DOH WSBOH
Cc:
Subject: reject

External Email

Hello- I am writing to express my opinion on the covid vax mandate for our school age children.

I REJECT the enforcement of a vaccination for my children in regard to COVID-19. This is not the decision of the government or schools.

This is a personal choice to be made by parents ONLY. Please consider the voices of parents and not making this mandatory.

Thank you-

Sarah

From: Schreiber, Tracy N (SBOH)
Sent: 2/16/2022 11:55:36 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\E8C0E05CD9234BCF_masks.pdf

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

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-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, 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%2Fvolume508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd618e603e0f449d749f808d9f1864221%7C11>

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%7Cd618e603e0f449d749f808d9f1864221%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%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd618e603e0f449d749f808d9f1864221%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%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%7Cd618e603e0f449d749f808d9f1864221%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%7Cd618e603e0f449d749f808d9f18642>

jL4yoUssHhJesfGpD1rYOWYams2Pfs93XuEoBE-

HrZrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd618e603e0f449d749f808d9f18642

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%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%7Cd618e603e0f449d749f808d9f1864221%7C11d0e>

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.neum>

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.

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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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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](#)

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: Cheryl Sutherland
Sent: 2/17/2022 9:48:01 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: Beth Ensley
Sent: 2/16/2022 3:05:53 PM
To: DOH WSBOH
Cc:
Subject: NO on school Children vaccination

External Email

Board of Health
That is your title; YOU advocate health.
You are not
The Board of Sickness
The Board of Death
The Board of Lies
The Board of Politically Captive
Live up to your calling; Promote Health of the people you represent.
Beth Ensley
LD #40
Skagit County WA

From: Mary Lentz
Sent: 2/25/2022 2:18:08 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: Donahoe, Kaitlyn N (SBOH)
Sent: 2/23/2022 9:15:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Jenna Edlund <jennaedlund@yahoo.com>
Sent: Tuesday, February 22, 2022 11:59 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

> □TOur State Leaders:
>
> I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.
>
> I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.
>
> My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.
>
> Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.
>
> Thank you.
>
>
>
>
> "

>
>
> Thanks,
>
> Jenna
> God Bless America and Go Seahawks!!!!
>
>
> -Sent from my iPhone

From: K B
Sent: 2/20/2022 2:59:49 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/23/2022 10:25:28 AM
To: DOH WSBOH
Cc:
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: Erik
Sent: 2/20/2022 6:40:49 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: Lisa Kromer
Sent: 2/16/2022 4:41:42 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: Ted Bradshaw
Sent: 2/18/2022 10:20:33 AM
To: DOH WSBOH
Cc:
Subject: COV-19 Vax for children

External Email

Board Members;

Please do not inflict a mandate to be vaccinated on children. Believe the science:

- * The vaccine presents serious risk to children; whereas Covid-19 afflicts children lightly, i.e. as a serious cold or the flu.
- * Documented studies reveal cases of myocarditis in children, especially boys, related to the shots
- * Medical scientists warn of potential permanent damage to childrens' nervous, cardiovascular, reproductive and immune systems caused by the vaccinations.
- * children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

You must do the research - read the studies! "Do no harm!" You bear the responsibility for the health of our school children.
Please do not seek the false cover of following the overreach of the Governor's authority.
You individually will answer to a Higher Authority, whether you believe in Him or not!
tb

--

Ted Bradshaw

theshepherdsfool.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftheshepherdsfool.com%2F&data=0>>

amazon.com/author/saul.traitor

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famazon.com%2Fauthor%2Fsaul.traitor>>

From: Kahler, Kelie (SBOH)
Sent: 2/24/2022 3:05:56 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Beckie Takashima <bjtak1@gmail.com>
Sent: Thursday, February 24, 2022 2:54 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Not to mention we don't even know how well they work. Clearly not as well as we all had hoped.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Beckie Takashima

Sent from my iPhone

From: Stephanie Lecovin
Sent: 2/15/2022 2:01:30 PM
To: Ramsey Ramerman, Tyler Litzenberger
Subject: RE: SuperBowl & The Big Game



attachments\B34BDE2D888140A0_image001.jpg

External Email

To the Lake Washington, Bellevue and Issaquah School Boards and Superintendents, OSPI, WA State Education, WSBOH and King County Commissioner,

You have heard from many parents who believe masks are causing more harm than good when it comes to children. I'm sure you have also heard from those parents who are still fearful of COVID and want schools to do everything possible, including masking and mandating vaccines, in an effort to keep their kids (and the adults in their households) COVID-free. That leaves you all in a very challenging position.

I realize that many parents are living in an alarming state of fear, even though their children's risk from COVID is negligible. The good news about where we are today is the research indicates that certain masks can work well FOR THE INDIVIDUAL at reducing their exposure to COVID.

This is explained very clearly by Monica Gandhi, MD, MPH (UCSF). In a recent podcast with Peter Attia, MD (https://youtu.be/jAjKQY0_BQA <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FjAjKQY0_BQA&data=... - go to 1:08:09 to hear her speak about masks), she explains that if you use one of six masks (n95, kn95, kf94, ffp2, double masks or tucked-in surgical masks), the person wearing the mask will be protected. That person does not need anyone else to be wearing a mask to be protected.

If this message is relayed to the public from our Board of Health and the mask mandates are dropped, then those people who are most afraid of COVID can feel more comfortable knowing they can control their own (and their kids') level of risk by wearing one of the aforementioned masks.

Also, those who believe that masks in schools are doing more harm than good and want their children to breathe fresh air can choose to unmask. This would apply to teachers and staff as well. Those who want extra protection can mask with a protective (not cloth) mask; those staff and teachers who feel safe and want to move on can unmask.

Almost every state in the US, as well as many countries around the world, are unmasking children and adults. As children in Washington State are in a crisis of disconnection, depression and anxiety, all exacerbated by the wearing of masks, I hope you will drop

the school mask mandate immediately and let people know loudly and clearly that they can feel safe by their own use of the right mask while the rest of our kids finally get some fresh air.

Sincerely,

Stephanie Lecovin

LWSD Parent

From: Ramsey Ramerman <ramseyramerman@gmail.com>
Sent: Tuesday, February 15, 2022 8:27 AM
To: 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; 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; 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; 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; 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@barrettfincancial.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@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; jmcathur86@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: Robert Holte
Sent: 2/15/2022 11:48:41 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: stephenddukes
Sent: 2/17/2022 4:38:15 PM
To: DOH WSBOH
Cc:
Subject: Do not Vaccine for Children

External Email

Do not require vaccination of school age children.

This is a violation of the Hague Convention.

Steve

360.202.6487

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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<kcexec@kingcounty.gov>; wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>;
maddy.thompson@gov.wa.gov <maddy.thompson@gov.wa.gov>
Cc: Tanya Goodman <goodman_tanya@outlook.com>; Laurie Englund
<laurieenglund@earthlink.net>; Yael Kantor <dryael101@gmail.com>;
yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com
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Monica.legatt@gmail.com <Monica.legatt@gmail.com>; damon_tompkins@yahoo.com
<damon_tompkins@yahoo.com>
Subject: Make Masks Optional in Schools

Hello,

With the science proving that masks are ineffective and children are not at high-risk of serious COVID conditions it is time for you to follow the rest of the country and drop the mask requirement in schools immediately. Masking children at school is not saving lives and instead is harming their educational, social, and emotional development.

Make masks optional, as there are plenty of solutions for any concerned parents to voluntarily mask, vaccinate, or choose remote schooling for their children. Please don't continue forcing an outdated mandate on the rest of our children that no longer wish to wear masks and simply want to see the faces of their friends and teachers.

Thank you,

Jeremy Munn

3rd Grade Parent - Bellevue, WA

From: Zana Carver
Sent: 2/23/2022 4:45:41 PM
To: DOH WSBOH
Cc:
Subject: Criteria 4



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External Email

Overview

The Washington State Department of Health is meeting again this Thursday to discuss adding the COVID-19 experimental products to the vaccine schedule for children to attend school and day care. They are being advised by a Technical Advisory Group (TAG) evaluating 9 criteria.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%2F01%2FImmunizationCriteria_a.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce9

I will be responding only to criteria 4 in this post. My colleague, Lara Gabriel RN, wrote a fantastic rebuttal to criteria 6

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnursevoice.substack.com%2Fp%2Fcriteria-6-rebuttal%3Futm_source%3Durl&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce9

! Since there is so much so write about criteria 4, I will complete this post in 2 parts.

Here's a TAG summary.

- The committee is extremely pro-vaccine biased instead of pro-safety biased
- They have presented false data
- They have misrepresented data
- They have asked for a vote on criteria 6 with no relevant data for this age group
- They are deciding for 3–5-year-olds, for which there isn't even an EUA granted by the FDA
- They are pushing this as an emergency but according to my calculation, the risk of death from Covid-19 (SARs-CoV-2) for children in Washington State aged 19 and under is 0.0007345%

Criteria 4

I want to acknowledge that the TAG admits there are risks involved but stress that the risks are acceptable because we are in an emergency. They have done everything possible to inflate the risk perception of death and morbidity from COVID-19 and used every tactic to minimize the risk perception of the experimental C19 inoculations. Furthermore, no one has calculated a proper risk benefit analysis of these injections in children.

I would like to do a risk comparison of the COVID-19 virus versus the C19 injections in children regarding the risk of death, myocarditis, and multisystem inflammatory syndrome in children (MIS-C) or (MIS-V) if vaccine associated. Since this could result in a very long post, I'm going to address the relative risk of death and give some information from VAERS regarding reports of death, myocarditis and pericarditis, and MIS-V. I will come back to this this to finish in part II.

Relative Risk Comparison

In WA state there have been 13 deaths in children, which means that the death rate from Covid-19 for children in WA state aged 19 and under is <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fofm.wa.gov%2Fwashington-data-research%2Fstatewide-data%2Fwashington-trends%2Fpopulation-changes%2Fdistribution-washington-population-age-and-gender&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95908d9f72eb9f2%7C110.0007345%>. The CDC continues to acknowledge that the elderly and those with, on average 4 co-morbidities, have the greatest risk of morbidity and mortality from COVID-19.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fcovid-data%2Finvestigations-discovery%2Fhospitalization-death-by-age.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95908d9f72eb9f2%7C1>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fcovid-data%2Finvestigations-discovery%2Fhospitalization-death-by-age.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95908d9f72eb9f2%7C1>

Even the TAG presenters acknowledged that Omicron is less likely to cause severe morbidity and mortality than other variants.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fmeetings%2Fmeeting-information&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7CEa22412b8a31489ce95908d9f72eb9f2%7

Risk of the C19 Injections

VAERS Overview

During the WSOBH meetings it was stated that the vaccine adverse events reporting system (VAERS) is passive and unreliable.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fvaers.html&d>

They stated anyone can make a report. This is misleading in several ways because most healthcare providers do not know that reports are supposed to be made for any adverse event after a vaccination. This does not imply causality but instead can give important safety signals that can be researched further with medical charts, lab reports, test results, pathology, and autopsy findings as well as surveys and correlating the results with other reporting systems.

It is a federal offense to falsify a report. It's worth mentioning that 85% of reports are completed by healthcare professionals and 15% are filled out by the patient or a close relative. The reports are time consuming, and a considerable amount of medical knowledge is required. Because they are time consuming, many healthcare professionals do not have time to fill out these reports and the ones who make time are often reprimanded or fired.

Several studies have calculated the underreporting factor for these reports, including the Harvard Pilgrim study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/2020-04/20200401_lazarus-final-report-

2011.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95908d9f72eb9f2%7C1
, Dr. Jessica Rose

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fresistance-mondiale.com%2Fwpontent%2Fuploads%2F2021%2F11%2Fadf864_0490c898f7514df4b6fbc5935da07322, and Steve Kirsch

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocs.google.com%2Fdocument%2F...>

calculated as 31. This means that you need to multiply the adverse event number in each category by 31 to get a more accurate picture of the true number of events.

Also, in the TAG group, the V Safe phone app was promoted as being more reliable.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Faci>
2021-11-2-3%2F05-COVID-Shimabukuro-

From firsthand vaccine damaged individuals, these apps are limited to multiple choice

entries; not all adverse events are recorded and it is completely voluntary. Some vaccine damaged individuals were denied access to the app when they had adverse events. This is the reason why their serious adverse event list is incredibly short while the mild adverse event list is relatively long. The vaccine safety datalink (VSD) is managed by the CDC with nine healthcare organizations, but the information is not open to the public. I emailed to see if there was any opportunity for an independent scientist to access the data and their email response was a flat "NO." This is consistent with the CDC hiding safety data and the FDA and Pfizer fighting in court to delay the release of the safety data.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpopularrationalism.substack.com%has-finally-been-caught-by->

legacy%3Futm_source%3Durl&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first%3Futm_source%3Dsubstack%26utm_campaign%3Dpost_embed%26utm_medium%3Dweb&data=04
Injecting Freedom

FDA Asks the Court to Delay First 55,000 Page Production Until May and Pfizer Moves to Intervene in the Lawsuit

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first%3Futm_source%3Dsubstack%26utm_campaign%3Dpost_embed%26utm_medium%3Dweb&data=04

As explained in prior posts, in a lawsuit seeking all of the documents the FDA relied upon to license Pfizer's COVID-19 vaccine, a federal judge shot down the FDA's requested rate of 500 pages per month and instead ordered the FDA to produce at the rate of...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first%3Futm_source%3Dsubstack%26utm_campaign%3Dpost_embed%26utm_medium%3Dweb&data=04

Read more

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first%3Futm_source%3Dsubstack%26utm_campaign%3Dpost_embed%26utm_medium%3Dweb&data=04

a month ago · 547 likes · 244 comments · Aaron Siri

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CDC contractors do investigate and remove any duplicate reports, but there are reports removed without any explanation that are not duplicate reports. Updates are collected but the reports are not updated for the public.

Please see Rose J. 2021. Critical appraisal of VAERS Pharmacovigilance: Is the U.S. vaccine adverse events reporting system (VAERS) a functioning pharmacovigilance system? Science, Public Policy, and the Law; Clinical and Translational Research 3:100-129. Accessed 11/10/2021, https://resistance-mondiale.com/wp-content/uploads/2021/11/adf864_0490c898f7514df4b6fbc5935da07322.pdf

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for further details.

What Does VAERS Show?

In VAERS there have been 34,223 adverse events reported through February 11, 2022.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid->

data%2Fchild-reports&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea22412b8a31489ce95908d9f72eb9f2%7C11

From the current reports as of 2/22/2022 you can see the raw number of reports of death, myocarditis and pericarditis, and MIS-V reports from the C19 injections compared to all the flu vaccine reports for all years.

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Here are the raw numbers from the VAERS Wonder System on 2/22/2022. Remember to get an accurate count you would need to multiple each category by the underreporting factor (URF) of 31.

I had completed a prior analysis of adverse events in children and here is what was shown for the 6-17 year adolescents.

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This is where I need to point out that the elevated troponin levels indicate cardiac damage. When you combine this finding with chest pain and the relatively high numbers of myo-pericarditis cases, especially in boys after the second injection, it's clear that these inoculations are not as benign as they would have you think. I will delve into this deeper in part 2 but I want to leave you with one last thought.

There is a high amount of consistency between the reports in VAERS, the FDA's list of adverse events of concern

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Summary

How can the TAG continue to downplay the risk of vaccine associated myocarditis, elevated troponin levels, elevated CRP, chest pain, elevated D dimer levels, MIS-V, seizures, and other vaccine related adverse events by stating that COVID-19 in children is an emergency? What about the lack of studies in children such as genotoxicity, carcinogenicity, reproductive toxicity, pharmacokinetics, biodistribution, cardiac toxicity, and vaccine-associated enhanced respiratory disease (VAERD)? Why would anyone think it's okay to use children in a population level experiment without any understanding of the long-term health consequences of the C-19 vaccines in children?

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1.

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Introduction The Washington State Department of Health meets on 2/10, 2/17 and 2/24 to discuss adding the COVID-19 experimental products to the vaccine schedule for children to attend school and day care. They are being advised by a Technical Advisory Group (TAG) evaluating nine criteria...

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The Washington State Department of Health is meeting this Thursday and next Thursday to discuss adding the COVID-19 experimental products to the vaccine schedule for children to attend school and day care. They are being advised by a Technical Advisory

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Last year, IPAK was called out for calling out CDC for over-reporting cases and death rates - a necessary truth given the way that RT-PCR is being misapplied for the question of COVID-19 diagnosis. I've outlined the flaws right from the start - April 2020...

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Unacceptable Jessica

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Autopsies in VAERS

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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 ...

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To answer this question, we must first choose an adverse event that is more likely to be reported to the vaccine adverse event reporting system (VAERS), such as death. We also need to be aware that underreporting is a huge issue, where only a fraction (<1%) of actual adverse events are reported (1). Steve Kirsch and Dr. Jessica Rose have calculated th...

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Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

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Summary The vaccines are bad news. Fifteen bodies were examined (all died from 7 days to 6 months after vaccination; ages 28 to 95). The coroner or the public prosecutor didn't associate the vaccine as the cause of death in any of the cases. However, further examination revealed that the vaccine was implicated in the deaths of 14 of the 15 cases. The mos...

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23. 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%7Cea22412b8a31489ce95908d9f72eb9f2%7C11d>

24. Rose J. 2021. "The shortcoming of the repeat dose toxicity study design should not preclude approval of the vaccine." <https://jessicar.substack.com/p/the-shortcoming-of-the-repeat-dose>

25. Oehler A. 2021. Does mRNA in Jabs Really Produce S Spike from SARS-CoV02? The evidence points to something else altogether.

26. <https://sboh.wa.gov/meetings/meeting-information>

27. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/05-COVID-Shimabukuro-508.pdf>

28.

<https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=184249C20F67C63657F8B6BA69E4>

29. <https://wonder.cdc.gov/vaers.html>

30. <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

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: Kerry F
Sent: 2/16/2022 1:18:33 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Our children are not YOUR children

External Email

I am strongly opposed to mandating the covid "vaccine" for children in order to go to school. The state constitution requires that the state makes provision for the education of all children in the state. By requiring this "vaccine" that not only does not prevent transmission but also it also does not protect a person from getting the illness, an illness that children are at a VERY low risk for.

Medical care should be between a doctor and a patient and you are broad brushing all children with the same "vaccine" without any regard to their biology, medical history or heredity. This is dangerous and you could be putting these children at risk.

My daughter was killed by vaccines when she was a preemie in the Naval Medical Center San Diego hospital. They vaccinated her with all her vaccines at 4 1/2 months, despite the fact that she was on oxygen and was considered medically fragile, without my knowledge or consent.

Do not take the medical decisions out of the hands of parents and their doctors. It is too late for my child, please do not be the cause of the deaths or other medical issues of the next generation... or perhaps that is your intention.

Kerry French
Bereaved mother due to vaccines

From: Christina Mori
Sent: 2/16/2022 7:34:23 AM
To: karma crabtree
Subject: Non English speaking and masks

External Email

To whom it may concern,

I write today in hopes to share a different perspective on the disproportionate effects of masking or not masking our children and greater society.

Many of my family members are immigrants from Nicaragua that do not even speak English. In conversations with them over the past 2 years they have expressed great pain and frustration with language barriers and connection with others due to masks. They are depressed and lonely because these masks have ultimately separated them from a society in which they thought was about freedom and love for others.

To learn and develop a language you rely HEAVILY on facial expression, watching the mouth, and hearing tone. If my adult non speaking English family members are not even able to speak and understand the individuals that they should be trusting to help them, how in the world are CHILDREN able to!!! Day in and day out they are met with annoyance and an equal amount of frustration from important individuals that they are trying to communicate with to include teachers and classmates, placing them yet AGAIN in a SEGREGATED corner.

Countless individuals are discriminating against them more NOW than ever because of language barrier. We are country of acceptance and we are turning our backs on non-English speaking individuals ESPECIALLY children!!!

Show these children what our country is about and INCLUDE them in a welcoming, caring, and understanding learning environment and remove the mask mandate. Allow freedom of choice. It's a greater depiction of what our country is and should be about.

Deeply concerned multi-racial parent,

Christina
Bellevue School District

On Wed, Feb 16, 2022 at 6:58 AM karma crabtree <crabbykc22@gmail.com>
<mailto:crabbykc22@gmail.com> > wrote:

School boards and superintendents,

I am writing to ask that you follow the example of Kettle Falls and Richland and disregard the unlawful order to force children to cover their faces against their will.

I know you care about kids... and I know that you care not just about their education and health, but about their human rights. Forcing a child to wear a covering over their face against their will is a human rights abuse.

Just two years ago, if you found that a teacher or a principal had created a policy to force kids to wear masks to stop them from "spreading disease", you would have taken action against them! And you would have cited the WHO and the CDC who agreed that masks were useless against airborne illness and that forced covering of the face and head is a historically a tool of subjugation and marginalization. Nothing has changed in those two years. Human rights must be defended everywhere, even here at home.

I know you care, and that you are not the villains. The villains are the evil men who claim to rule over you.... Jay Inslee, Umair Shah, Chris Reykdal, Dow Constantine, and Jeff Duchin. These males may mean well... but they are evil because they believe their opinion is enough to force a child to cover their face against their will. Evil is found in action, not just intent.

In the United States, the abuse of human rights by a government official is a CRIME. You are being instructed to carry out a crime. You do not have to do this. You not only have a moral obligation not to listen, but you have a legal right as well. An unlawful order can be disregarded. You will WIN if you sue, and you will WIN if you are sued.

Respectfully...

Karma Crabtree

Monroe & Bellevue School District

From: Hisaw, Melanie (SBOH)
Sent: 2/21/2022 8:20:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\1FEDA40B012E409C_20220221180818075.pdf

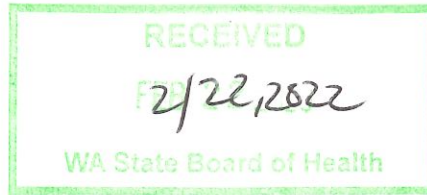
Mail received in the office on 2/22/22.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 21, 2022 6:08 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: 02.21.2022 18:08:17 (-0800)
Queries to: ricoh@doh.wa.gov



To: All BOH Members:

Have you forgotten what
America stands for?

FREEDOM. We the People Get
to choose. Please STOP.
This. Protect our kids.

From: Marnee McGrath
Sent: 2/22/2022 7:45:44 PM
To: DOH WSBOH
Cc:
Subject: Oppose the vaccine for school children

External Email

Making the covid vaccine mandatory for school children is an absolute stupid thing to do. If you do this do you understand how many families will be taking their children out of school. Washington state is already behind in their state tests. The vaccine has not been adequately tested, it has ingredients that should not be given to children. We have no idea the long term effects of the vaccine on our next generation, and are you willing to be the reason for any thing that goes wrong. Why should children be given the vaccine when they are and has been proven to be low risk to covid-19.

Thank you for your time.
Marnee Salter

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: rhonda thurman
Sent: 2/19/2022 8:50:09 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: Mary Salamon
Sent: 2/17/2022 2:07:20 PM
To: DOH WSOH
Cc:
Subject: Covid-19 injections as part of school immunization.

External Email

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

From: Denise Holland
Sent: 2/16/2022 8:12:51 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Thank you, members of the Technical Advisory Group, for your service to our state in this capacity. Your time is valuable, and I appreciate that gift of time.

I understand that consideration is being given to adding the "Covid-19 vaccine" to the list of required immunizations for WA students. I began teaching in Seattle in 1967, and just retired from my teaching career in June, 2021; however, I was recalled to restart a kindergarten prep program, when the teacher suddenly passed days before school commenced the fall of 2021 at the private school I have been serving since 1997.

I taught full-time, in person with my kindergartners the fall of 2020-June, 2021. I was never sick! There are no longitudinal studies of the effect of any vaccine related to Covid-19 regarding outcomes in young children. The original Covid-19 virus "vaccines" have shown to allow transmission and infections. Data from countries like the UK, Israel, Ireland, Germany, and the USA have shown "vaccinated" persons are transmitting the virus, becoming ill, exhibiting compromised immune systems leading to vulnerability to other diseases. Data from life insurance companies like One America in Indiana are reporting a 40% increase in the months of the "vaccine availability" of death claims in the 18-50 year old range over the normal claims in a year. A 10% increase would be a 200 year catastrophe—reported by the CEO.

You do NOT experiment on children with a mandated "vaccine" which is out-dated now. The Omicron was very transmissible with few deaths. Children have robust immune systems. Their survival rate during this virus was 99.998% or 100% due to their immune systems' ability to handle the virus. However, children who have received the "vaccine" are manifesting very serious reactions in some incidences and the damage to their natural immune systems by the "ingredients" of the injections have not been studied. Many of our nation's top doctors are saying/warning to NOT INJECT the children—one doctor is the inventor of the mRNA procedure---Dr. Robert Malone. None of you have his qualifications nor expertise! Thank you—Mrs. Holland

From: Kahler, Kelie (SBOH)
Sent: 2/24/2022 12:52:33 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Rachel Thomas <rachellynn851@gmail.com>
Sent: Wednesday, February 23, 2022 7:16 PM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to

please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.
Rachel Thomas

"

Sent from my iPhone

From: Barbara Davenport
Sent: 2/25/2022 3:28:08 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: Mitchell, Brittini M (DOH)
Sent: 2/23/2022 4:14:02 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please reply as appropriate – thank you!

Message was attached to: Vaccines for School Children

From: patricia anton
Sent: 2/23/2022 4:03:55 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Craugh Family
Sent: 2/23/2022 3:50:51 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Message was attached to: Vaccines for School Children

From: Rebekah Truman
Sent: 2/23/2022 3:12:15 PM
To: DOH Secretary's Office
Cc:
Subject: Feedback on Vaccines for School Children

External Email
To Our State Leaders,

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you,

Rebekah Truman

RESIDENTIAL REALTOR
JOHN L SCOTT- WESTWOOD
Mobile: (206) 696.5895
Web: thetrumanexperience.com

Message was attached to: Vaccines for School Children

From: Carrie Staloch
Sent: 2/23/2022 2:04:48 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Carrie Staloch

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

Message was attached to: Vaccines for School Children

From: Anca Gale
Sent: 2/23/2022 1:23:56 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you,
Anca Gale

Message was attached to: Vaccines for School Children

From: Sarah Findley
Sent: 2/23/2022 4:12:57 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.
Sarah Coco

Sent from my iPhone

From: Kathy Nielsen
Sent: 2/17/2022 3:58:27 PM
To: DOH WSBOH
Cc:
Subject: Forced Vaccinations

External Email

Dear Board Members,

I am very concerned about our future generations and what the government is seeking to mandate. True vaccines take years before coming on the market to verify no harm will come to those needing a medical remedy. I keep hearing it is about science. There is no necessity to give shots without knowing the benefit. Our children should not be used to test a vaccine. They are not at risk and should not be used as lab rats.

Please use your common sense and do not support this policy. I am very thankful my children are grown but not my grandchildren. Please stop this now before you hurt my grandkids. Thanks for your consideration.

--

Kathy Nielsen
381 Lochwood Dr
Camno Island, WA 98282
425-286-5059

From: DOH Information
Sent: 2/24/2022 9:35:27 AM
To: DOH WSBOH
Cc:
Subject: TAG meeting comment, Naselle-Grays River Valley School District



attachments\9980855B4A22451C_image002.png

Hello,

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: Saturday, February 19, 2022 1:37 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:

Please pass along to committee taking input on requiring Covid 19 vaccination for school-aged children. February 16, 2022 Governor Jay Inslee and Washington State Board of Health, As the Board of Directors of the Naselle-Grays River Valley School District, we write this communication to let you know of our concern over impending conversations and decisions regarding the possibility of mandating COVID-19 vaccinations as a condition of K-12 enrollment in Washington public schools. Specifically, the purpose of this communication is to inform you that our Board of Directors passed Resolution No. 2022-2-15 at our most recent school board meeting. As provided in said Resolution, this Board does not support a mandatory COVID vaccine as a condition of school enrollment. In working closely with our parents and community, we are fully aware that a large percentage of our constituents do not favor such a vaccination. The COVID-19 vaccination is widely available for those families who choose to vaccinate, and we fully support their choice to do so. Yet, approximately only half of the citizens eligible for vaccination in our County have done so. As such, we strongly oppose any legislative action that would add a COVID-19 vaccination to the list of "vaccine-preventable diseases for children" under WAC 246-105-030. As a small school district, adding the vaccine mandate to a list of lengthy duties that has already increased exponentially as a result of additional COVID restrictions, is an unmanageable task for our employees. Our administrators and one-day-a-week nurse have already provided feedback on its feasibility. It would create an unreasonable and insurmountable administrative burden. Leaving the burden of communication, implementation, and enforcement entirely on staff and school boards exclusively, results in lost time and focus from our critical mission of serving students the best we can academically and emotionally. Furthermore, requiring such a condition of enrollment would be devastating for the students and staff of the Naselle-Grays River Valley School District. In dialogue with our parents, many families indicated that they would seek other academic options if a vaccine is required. This we can ill afford. A COVID-19 vaccine mandate for school-aged children without an exemption for personal reasons would result in decreased trust within our school community. Trust is an essential component of education; even more so in a small district where the school is the hub of the community. Lack of trust results in lack of support from taxpayers and severe funding challenges for districts. As the elected representatives of our community and school district, we are not opposed to vaccinations in general, but wholeheartedly oppose mandating the COVID-19 vaccine as a requirement for enrollment in K-12 Washington schools. Finally, we respectfully request that you engage the public in transparent dialogue by clearly reinforcing that the

authority over these mandates lies with the State, not local school boards. We ask that you inform the public on how they can work with the correct decision makers in these matters, and maintain any medical, religious and personal exemptions with regard to any COVID-19 vaccination requirements. At Naselle-Grays River Valley, we will continue to focus on safe, in-person instruction for our students. We are eager to return to the business of educating the whole child in the safest and most effective manner. Our students and families in our community deserve that, but we need support to make this happen. Sincerely, Naselle-Grays River Valley Board of Directors

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:

Lisa Nelson

Email:

lnelson@naselleschools.org <mailto:lnelson@naselleschools.org>

Telephone:

360 484 7121 ext.2

5.

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

Inelson@naselleschools.org <mailto:Inelson@naselleschools.org>

From: Stephanie Fleming
Sent: 2/17/2022 1:05:13 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: Kahler, Kelie (SBOH)
Sent: 2/23/2022 9:30:45 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Lucy <Lucinda.dishman@yahoo.com>
Sent: Wednesday, February 23, 2022 9:13 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

From: Jolyn C.
Sent: 2/21/2022 9:29:35 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer unproven medical interventions to children should be left up to their parents or guardians and not mandated by any state agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you,
Jolyn Curfman

From: Deanna Leslie
Sent: 2/17/2022 9:26:25 AM
To: DOH WSBOH
Cc:
Subject: Criteria # 2 Comments

External Email

Dear Washington State Board of Health,

I would like you to consider the following when deciding whether the covid-19 shots fulfill

criteria #2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available

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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.infosperber.ch%2Fwp-content%2Fuploads%2F2021%2F10%2F210731-Wisconsin.Viral-Load%2520.pdf.&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%2F>

.pdf.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.infosperber.ch%2Fwp-content%2Fuploads%2F2021%2F10%2F210731-Wisconsin.Viral-Load%2520.pdf.&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%2F>

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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=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-CoV-2 Delta."

<https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.09.28.21264262v1>

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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7050e1.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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.12.20.21267966v3#p-5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%7C11d0e21726>

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>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41590-021-01089-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%7C11d0e21726>

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-t>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2F79-research-studies-affirm-naturally-acquired-immunity-t%2520o-covid-19-documented-linked-and-quoted%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%7C11d0e21726>

o-covid-19-documented-linked-and-quoted/

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2F79-research-studies-affirm-naturally-acquired-immunity-t%2520o-covid-19-documented-linked-and-quoted%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%7C11d0e21726>

quoted%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4a583a43942148b6438308d9f23a4f4f%7C11

For the reasons above, the covid-19 shots DO NOT meet criteria #2. So, please do not approve them for criteria #2. If you disagree with my reasons, please let me know why you disagree.

Sincerely,

Deanna Leslie
Concerned Washington State Resident

From: Anna Bair
Sent: 2/24/2022 11:37:20 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfdc8387298d949a3525708d9f7cce14>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfdc8387298d949a3525708d9f7cce14>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfdc8387298d949a3525708d9f7cce14>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

It is time to look at the hard data now that we actually have some and make decisions that aren't destructive to our children and their futures.

Respectfully,

Anna Bair

Sent from my iPhone

From: Christine Sonntag
Sent: 2/26/2022 9:56:22 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Victoria
Sent: 2/18/2022 10:34:22 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We aren't nazi germany. Don't force the vaccine on any kid. That's up to the parents to decide.. my body my choice.. rememeber that?..

From: Suzanne Rohner
Sent: 2/16/2022 10:18:21 PM
To: DOH WSBOH
Cc:
Subject: forced vaccination for children

External Email

It is known who or what organizations are pushing this agenda. It is NOT science based, it is riddled with financial incentive to pharma and shareholders. WHEN all the cards are displayed on the table, the lawsuits against the acting government agencies who aided and abetted against American citizens will be prosecuted. As a side note, based on this proposal I have learned 90% of my friends and family with school children will be removing their kids from districts next fall if this goes through. In my opinion, this is not a terrible idea in itself as this virtue will once again strengthen the family unit and bring reading, writing, and arithmetic back into education. Here are your vaccine facts:

This vaccine is still under EMERGENCY USE AUTHORIZATION, Phase 3/4 clinical trials DO NOT END UNTIL 2023. This means you are willfully subjecting Washington state children to a clinical trial. Moderna is STILL RECRUITING for phase 2/3.

Estimated Study Completion Date :

April 28, 2023

See web link below.

<https://clinicaltrials.gov/ct2/show/NCT04796896?cond=COVID+19&titles=Vaccine&age=0&phase=0123&d>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F)

Pfizer is still recruiting for phase 1/2/3.

Estimated Study Completion Date :

May 5, 2026

See web link below.

<https://clinicaltrials.gov/ct2/show/NCT04816643?cond=COVID+19&titles=Vaccine&age=0&phase=0123&d>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F)

Also note that NONE of these clinical trials have gathered data ANY on the long term

effects of the reproductive systems, cardiovascular systems, neurologic systems, or lymphatic systems of these young bodies.

Based on the CDCs OWN SLIDE DECK of information more children die or become hospitalized from the flu than Covid.

"Leading Causes of Death in Children 5-11 Years of Age, NCHS, 2019 Causes of Death Death (n) Crude rate per 100,000"

Accidents (unintentional injuries) 969 3.4%

Malignant neoplasms 525 1.8%

Congenital malformations, deformations and chromosomal abnormalities 274 1.0%

Assault (homicide) 207 0.7%

Diseases of the heart 115 0.4%

Chronic lower respiratory diseases 107 0.4%

Influenza and pneumonia 84 0.3%

Intentional self-harm (suicide) 66 0.2%

66 COVID-19 associated deaths in children 5-11 10/3/20-10/2/2021

Cerebrovascular diseases 56 0.2%

Septicemia 48 0.2%

CDC NCHS WONDER Online Database. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwonder.cdc.gov%2Fucd-icd10.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc86424e9a724c0af18d08d9f1dd4207%7C11d> on May 6, 2021 66 COVID-19 associated deaths in children 5-11 10/3/20-10/2/2021
Total population 5-17 years, 2019: 52,715,248

Please consider the SCIENTIFIC DATA before allowing Pfizer or Moderna to spend taxpayers dollars on a program that does more harm to children while putting wealth into the pockets of the pharmaceutical shareholders.

Stephen Brooks

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: Danielle Bajema
Sent: 2/24/2022 12:17:11 PM
To: DOH WSBOH
Cc:
Subject: Say NO to requiring the covid-19 vaccine for school!!

External Email

Please do not make the covid-19 vaccine a requirement for children to attend school in Washington State! Covid is not a big enough threat to children to make it a requirement. More children have died from influenza than from covid and the flu shot has never been a requirement.

Please don't make it a requirement. Please.

Thanks,
Danielle Bajema

From: blktiiger
Sent: 2/24/2022 12:38:50 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sent from my T-Mobile 4G LTE Device

From: Michelle Garver
Sent: 2/25/2022 1:18:06 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: Debra Wells

Sent: 2/17/2022 11:42:04 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: Why I am fighting so hard against these vaccines.

External Email

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 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%7Ccba431e8e20845cd4cd408d9f24d903f%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%7Ccba431e8e20845cd4cd408d9f24d903f%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%7Ccba431e8e20845cd4cd408d9f24d903f%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%7Ccba431e8e2084
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%7Ccba431e8e20845cd4cd408d9f24d903f%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%7Ccba431e8e20845cd4cd408d9f24d903f%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: Jane Oczkewicz
Sent: 2/16/2022 5:51:11 PM
To: DOH WSBOH
Cc:
Subject: required vaccine for children

External Email

Hello,

Do not require children to be COVID vaccinated to attend school this coming fall.

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks.Â Some risks may not show up until years later.

-this vaccine has emergency use authorization only;Â anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at extremely low risk from Covid-19, they are unlikely to pass it to parents and grandparents.Â It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

DONT'S MESS WITH OUR CHILDREN!

Jane Oczkewicz

From: Sarra Burnett
Sent: 2/17/2022 11:54:32 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Washington State Board of Health-

I am currently participating in watching the meeting where evidence is being presented for the "pro" side of approving the Covid-19 vaccine for school children as part of their childhood immunizations. I am currently waiting for fair presentations of "cons" where someone discusses what the data says about children's overall risks of severe illness from Covid, what their hospitalization rate is comparatively speaking to the general population, and their death rate from the virus. What is the death rate of covid-19 for kids (under age 17) versus their death rate to the flu? Why is this basic data not presented? It seems like in basic science, there should be data presented for both sides – it would strengthen your presentation to include and present evidence to the contrary. It looks like this is a vaccine parade to cheer on vaccines, not an actual scientific approach that considers all sides. This is deeply disappointing, but unfortunately not surprising.

All other vaccines that we have put into ourselves and children are rated on their effectiveness at preventing actual disease; effectiveness of a polio vaccine is NOT rated on it's effectiveness at preventing hospitalization from polio. When I was offered the chicken pox vaccine for my children, it was NOT presented to me based on its ability to prevent severe chickenpox or hospitalization. It was offered based on NOT getting the disease at all. Why is the covid-19 vaccine the only vaccine that is rated on its ability to prevent hospitalization? Why was the definition of vaccination changed? When President Biden was asking citizens to become vaccinated, he specifically said that takers "would not get the disease." Why did that change?

I am disappointed in the presentation, there are biases that are clearly showing and I don't think that children should have to take this vaccine to attend school or daycare centers. You can say that this is the most studied vaccine, but it just does not have decades of research and history behind them. To the point where mRNA vaccines have been studied for decades, none of the diseases listed actually have an approved mRNA vaccine on the market, that is a weak piece of evidence. Why are previous infections not taken into account? Prior infection has been shown by several studies to provide longer protection against re-infection than vaccines. Your presenters are just completely blowing by any basic arguments and not presenting other sides, it seems like it would be pretty easy for them to bring up our concerns and alleviate them, yet they won't touch them. Why is that?

Sarra Burnett

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: Ashley Puetz
Sent: 2/21/2022 7:05:59 PM
To: DOH WSBOH
Cc:
Subject: Opposition to required covid vaccination for school children

External Email

Hello, I am writing to voice my opinion as a lifelong resident of Washington State as well as a mother of 3 children- the oldest of whom will be entering kindergarten in the fall.

I strongly oppose requiring covid vaccinations in order for children to be able to attend school. I oppose it for many reasons, a few of which I will share below:

- 1) The Covid vaccine has not been around long enough to well understand long term side effects and specially on young children.
- 2) The Covid vaccine has a higher percentage of detrimental side effects to children than them actually contracting Covid.
- 3) Educating children should be the absolute focus of school. Even if there were "exceptions" allowed it would undoubtedly cause segregation between vaccinated and unvaccinated children which would be distracting from the main focus of school.
- 4) The decision to be vaccinated against Covid is a personal choice. The decision to make a child get the vaccine is also a personal choice of the parent. Why start forcing it now- when the restrictions are being lifted and the majority of the world agrees that we are past the worst of it?
- 5) I would not let my children go to a school where they required vaccination against Covid as a mandate for going to that school. I know many, many other parents who feel the same way. This could be detrimental to the funding of public education since schools receive funding based on amount of students enrolled.

Thank you for your time and consideration of these things,

Ashley Puetz

From: kristi zimmer
Sent: 2/17/2022 7:37:57 AM
To: DOH WSBOH
Cc:
Subject: Fwd: Comments for the Immunizations Technical Advisory Group

External Email

As we move into yet another meeting today, no one has responded to my last public comment, yet selected professionals are ready to promote the addition of an experimental drug to the required vaccine list for our children.

Given the adult public of King County will enjoy no vaccine requirement to enter gyms, restaurants, theaters, etc. as of March 1st (even though these are high risk places),

Given that Pfizer pulled its application for 0-5 yrs old last week because it showed no efficacy,

Given that VAERS data continues to show unprecedented numbers of injuries and death for all people but extreme numbers for children, too, and research shows that it is estimated only 1% of all actual incidents,

Given that putting this experimental drug that enjoys a liability shield due to its experimental status on a required vaccines for school list will give it permanent immunity and parents will own all liability for injuries such as in the case for Maddie D'Gary,

Given that kids are known to have a less than zero chance of dying of covid,

Given that other countries and the majority of other states have refused to issue such a requirement for our children,

Given that vaccine requirements for this experimental drug are failing in courts across the country,

It has become abundantly clear that the DOH of WA state is a captured agency working on behalf of corporate America. The interests, health and safety of our children is now second priority to the profits and funding of Pfizer and Moderna.

My expectation is that the citizens of our state will be required to bring legal action against the DOH to ensure the agency and those involved in this corruption will be held liable.

Please acknowledge receipt of this public comment. I have included my previous comment below that was not acknowledged for your review again.

Thank you,

Kristi Zimmer

To the Technical Advisory Group:

Thank you for providing the opportunity for public comments and inquiries regarding adding the Covid 19 vaccine to the regular schedule of vaccines for school aged children.

I was surprised to hear that this was being considered and hope that there will be a broad outreach effort to all the parents of WA to inform them of this development. Feedback from across the state is critical given the implications to the welfare of our children.

I have questions in several areas that I would like addressed by the TAG.

Safety

1. Has the DOH ever added a vaccine to the schedule that has been in use for under 6 months with no long term data?
2. Were any children harmed during the studies of these vaccines? Who is providing that data to TAG?
3. Who is tasked with investigating the record number of injuries and deaths reported in the VAERS system and factoring that into TAG work?
4. How do we justify mandating a novel vaccine with known increased risk of myocarditis, especially in young boys?

Risk for kids

1. Given the low risk of severe COVID 19 outcomes for kids (less than annual influenza), how does WA state DOH justify adding this novel vaccine to the schedule?

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisi>
COVID-19-Deaths-by-Sex-and-Age%2F9bhg-
hcku&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0fcf0efcaa0648ec22bc08d9f22b7793%7C11d0e2172

Effectiveness

1. Data now shows that current vaccines wane in efficacy to a great degree within 6 months. These vaccines do not seem to actually function like traditional vaccines that impart long time immunity and controlled transmission. Why are we considering mandating vaccines that are non-sterilizing?
2. Do we expect the definition of "fully vaccinated" will be routinely assessed to include additional boosters? How is this logical and appropriate with no long term studies, including no studies on mixing vaccines? Are boosters of older version vaccines even appropriate given new variants that evade older versions of vaccines?

Liability

1. Are there actually any approved and licensed Comirnaty Vaccines available in WA state? If not, then how can we mandate the EUA BioNtech vaccines which are legally distinct?
2. Who is liable for injuries from mandated vaccines? If injuries are caused by EUA vaccines instead of Comirnaty then who is liable? The school system? The medical providers of the vaccines? Parents of injured children?

This is a beginning list of questions that I would like addressed as you move forward with your investigation.

I have become more concerned in recent weeks as I have encountered these questions from other parents in my community. I am fully vaccinated. My two older children are also. When my youngest became eligible in recent weeks, I took pause and began investigating more. I'm looking for answers and am no longer convinced that all the information that is necessary to ensure the health and safety of my children is being

considered.

I believe that we are rushing ahead with policies that will potentially have long lasting harms on our children, just as earlier policies (lockdowns, school closures, etc) wreaked havoc on their wellbeing. Now we are facing the unintended consequences of another epidemic of unprecedented mental health issues. What other unintended consequences are we setting our kids up for due to rushed policies? That's what I want to find out before creating more harm. I hope that you will, too.

Thank you for your attention to these concerns and your work on this important subject.

Please let me know that you received this email and provide a response.

Best regards,

Kristi Zimmer
206-271-0540

From: Elizabeth Smatlak
Sent: 2/25/2022 1:29:51 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: Suzanne Rohner
Sent: 2/16/2022 3:03:27 PM
To: DOH WSBOH
Cc:
Subject: Do NOT Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

External Email

You absolutely MUST NOT use our children as test subjects. These vaccine are EMERGENCY USE ONLY. They have NOT been approved by the FDA. Children are at minimal or low risk of getting Covid, and if they get Covid are very unlikely to have a severe case. However, there are increasing incidents of myocarditis, especially in you males. The damage to the heart can be irreversible.

DO NOT MAKE THE COIVID VACCINE A MANDATORY VACCINE FOR OUR CHILDREN

Suzanne Rohner

From: Jamie Lorenz
Sent: 2/25/2022 1:51:06 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: Lang, Caitlin M (SBOH)
Sent: 2/17/2022 7:50:40 AM
To: DOH WSBOH
Cc:
Subject: FW: February 17.2022

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 10:37 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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%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 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://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%7C430c4770f0b44fbee94f08d9f22d3e93%7C11c

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%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C430c4770f0b44fbee94f08d9f22d3e93%7C11c>

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%7C430c4770f0b44fbee94f08d9f22d3e93%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%7C430c4770f0b44fbee94f08d9f22d3e93%

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 pandemic 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: 2/17/2022 8:38:54 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 2022

2.

Agenda Item or Issue:

3.

Your Name:

Vernise P3elzel

4.

Do you have a professional title?

1. Yes

College instructor in Early Childhood and Child Center Director, retired

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

niseep@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

I taught child development courses for two colleges and Directed a Children's center for over 20 years developing healthy and highly praised learning environments for children with a three year waiting list.

10.

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

1. Yes

Mandated experimental gene therapy (being called Covid vaccinations) for children to attend school or preschool or day care.

11.

Are you Pro or Con on the proposal?

2. Con

Ive done quite a bit of research and do NOT find substanciation for mandating an experimental for children when all the facts are allowed to be looked at and considered. In fact the science shows THE OPPOSITE view that this might have long lasting and detrimental impact for children. As a veteran teacher and author, I am extremely concerned about tHe disregard for actual FACTS and the extreme censorship currently in effec. Before any such action is recommendation, it is imparative to allow all virologists and long time practicing phasicians to be heard, under OATH, om this subject. This MUST BE DONE. REAL INVESTIGATION Without CENSORSHIP OF PROFESSIONALS IN THE MEDICAL AND SCIENCE FIELDS. I find it truly frightening that i have to state such common sence in writing!!!! There seems to be an agenda being moved forward that is contrary to Oaths taken. I am not alone in my concern. Everyone I have queried locally and in other parts of WA feels as i do. This issue affecting the children IS ON TOP PRIORITY!

From: Emily Hansen
Sent: 2/16/2022 6:56:26 AM
To: DOH WSBOH
Cc:
Subject: Questions About "covid vaccines"

External Email

Hello,

I keep asking the same questions to this "board of health" and other appointed and elected "state officials," but no one will answer me:

Why are you continuing to push this "vaccination" for a virus that children do not die from and has near 100% survivalbility rate?

When have we ever taken a medical treatment, injection, medication to "protect someone else?"

What health benefit is there to someone who has already had "covid" and recovered, to take a "vaccination?"

Why is natural immunity being ignored?

Why are you continuing to push these inoculations? Something seems fishy, especially when all of the answers I receive from so called elected/appointed officials tell me just to take the shot, without any answers to my questions.

Stop pushing these "vaccinations" for ANYONE, but especially for children who are NOT AT RISK!!!

Yours Truly,

Emily M. Hansen

From: Gina Messenger
Sent: 2/18/2022 9:08:11 AM
To: DOH WSBOH
Cc:
Subject: Urgent: Policy Decision

External Email

Dear Sirs:

Please oppose the requirement to vaccinate school age children for COVID 19.

We have science that proves the vaccine presents more risk to children than Covid-19.

The children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

We more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

The risks of the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children. There are many documented cases of myocarditis in children, especially boys, related to the shots, which can leave long term problems.

This vaccine has emergency use authorization only.

Anyone, including children, who take the shot, is participating in a massive experiment

As negative consequences to immune system from this shot come into the light, we do not want our board to have been responsible for this damage to our children.

Sincerely,

Gina Messenger, retired elementary teacher

From: Kristen Mason
Sent: 2/17/2022 2:15:46 PM
To: DOH WSBOH
Cc:
Subject: Forced Vaccine Concern

External Email

To whom this may concern,

I understand that the Governor is planning on recommending the vaccines be required for kids in school as part of their immunization requirements.

I for one am completely against this. This vaccine doesn't cure COVID so therefore you can still get ill from COVID. It helps you to not get highly ill and not have to go to the hospital. It doesn't protect anyone around you as vaccinated people can still get and pass COVID. This vaccine was created too fast and it has not been adequately tested. It takes 5-10 years to test a vaccine.

I will not get my kids vaccinated and will not follow this guidance if it were to come to fruition.

Concerned Washingtonian
Kristen Mason

Sent from my iPhone

From: Nancy Decker
Sent: 2/24/2022 10:16:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C942d2e102d99454e6b3808d9f7c1ac2>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C942d2e102d99454e6b3808d9f7c1ac2>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C942d2e102d99454e6b3808d9f7c1ac2>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Nancy Decker

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/17/2022 9:06:17 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make covid vaccine mandatory for children

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:36 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Do not make covid vaccine mandatory for children

External Email

Do not make Covid mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <mailto:Flothow@hotmail.com>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Laura Jordan
Sent: 2/24/2022 11:50:23 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 needs reevaluated. Reason

1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf3249f1d048747eab84f08d9f7cec936%7C>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf3249f1d048747eab84f08d9f7cec936%7C>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf3249f1d048747eab84f08d9f7cec936%7C>

There is plenty of information you do not yet know. It is far too early to be making these decisions and I am appalled that the Yes votes have been made when there is data that shows your answers should have been a resounding NO. public trust in these institutions is at an all time low and you are sinking this ship.

Please reconsider until you have exhausted all avenues and research and data.

-A concerned citizen and Mom,
Laura Jordan

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Robert Holte
Sent: 2/25/2022 1:40:46 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: Michele Rock
Sent: 2/25/2022 4:33:02 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: ingrid tucker
Sent: 2/17/2022 5:30:34 PM
To: DOH WSBOH
Cc:
Subject: F74F9EF0-B946-44A5-941D-89A5DAC80B71

External Email

i oppose shots for kids. it is experimental and has caused heart and other problems already. proven over and over. they are not even at risk enough to warrent this.

From: Glasoe, Stuart D (SBOH)
Sent: 2/15/2022 2:22:46 PM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\FAB16C91699C4BAA_masks.pdf

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

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, 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%2Fvolume508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C54f8d15c77a94891e13308d9f0d1b047%7C11>

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%7C54f8d15c77a94891e13308d9f0d1b047%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%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C54f8d15c77a94891e13308d9f0d1b047%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-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-)

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%7C54f8d15c77a94891e13308d9f0d1b047%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%7C54f8d15c77a94891e13308d9f0d1b0>

jL4yoUssHhJesfGpD1rYOWYams2Pfs93XuEoBE-

HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C54f8d15c77a94891e13308d9f0d1b0

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%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%7C54f8d15c77a94891e13308d9f0d1b047%7C11d0e>

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.neum>

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: Debbie Blodgett
Sent: 2/17/2022 3:33:01 PM
To: DOH WSBOH
Cc:
Subject: Heart Inflammation Manifested Unusually in 2 Boys Who Died Shortly After Getting Pfizer Vaccine: Study

External Email

Heart Inflammation Manifested Unusually in 2 Boys Who Died Shortly After Getting Pfizer Vaccine: Study https://link.theepochtimes.com/mkt_app/heart-inflammation-manifested-unusually-in-2-boys-who-died-shortly-after-getting-pfizer-vaccine-study_4284400.html?utm_source=appan2028330

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.theepochtimes.com%2Fmkt_app/heart-inflammation-manifested-unusually-in-2-boys-who-died-shortly-after-getting-pfizer-vaccine-study_4284400.html%3Futm_source%3Dappan2028330&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C>

Download our app to read more at <https://ept.ms/DownloadApp>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fept.ms%2FDownloadApp&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C>>

Debbie Blodgett
206-979-2709

From: K COOPER
Sent: 2/17/2022 10:05:04 PM
To: DOH WSBOH
Cc:
Subject: VACCINE

External Email

Please do not demand that children be vaccinated. The vaccine has not been tested.
Study show they do not need it to be safe from Covid. Thank you.

Sent from my T-Mobile 4G LTE Device

Get Outlook for Android

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

From: Daphne Ortiz
Sent: 2/17/2022 3:48:52 PM
To: DOH WSOH
Cc:
Subject: No to mandatory COVID 19 vaccine for school entry

External Email

Dear board of directors,

VOTE NO!

Washingtonians do not want this!!!

No other state is doing this, you can still spread and get COVID regardless of getting the vaccine or not proving vaccine isn't working. Pandemic is coming to an end. Make it a choice like the flu shot.

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>) 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!

Always,
Daphne Ortiz
Very concerned Washingtonian (born and raised) and parent

From: Kristy Welles
Sent: 2/18/2022 1:19:47 AM
To: DOH WSBOH
Cc:
Subject: Re: Covid-19 Injection Requirement for Children

External Email

I am strongly opposed to the idea of children being required to have any Covid-19 injections for the following reasons (to name a few):

The injection is more of a risk to children than getting Covid-19. Are you looking at the VAERS data? There are many documented cases of myocarditis in children already, related to the shots.

The inventor of mRNA technology, Dr. Robert Malone says these injections shouldn't be given to children. Have you researched what he has to say about it? Why have there not been any national safety panels to speak of since these injections were rolled out? They have been released under Emergency Authorization Use only-anyone who takes it is participating in a massive experiment. If you look into the usual steps a vaccine has to go through before being approved-it takes 5-10 years. Why would you want to subject children to an unknown?

Sincerely,
Kristy Welles

From: Trish Nilsen
Sent: 2/16/2022 5:25:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comment TAG meeting with BOH tomorrow and 2/24 re: COVID shots and kids

External Email

I DO NOT SUPPORT any attempts by this Board to include COVID shots for kids in its mandated and/or recommended vaccine schedules for schools/daycares. The TAG public comment surveys were overwhelmingly against the shots for kids and you are choosing to ignore them by moving along the process. We the public feel lied to and you are misrepresenting your intentions by pretending you aren't moving to approve them and then charging full steam ahead, despite the public sentiment on this topic. There is absolutely no way the risks outweigh any possible benefit of this shot for these kids and your own TAG knows this as there is no long term safety data on the shots for adults, far less for kids.

If you think you have a fight on your hands about kids and masks, you have started an even bigger battle by trying to mandate shots for kids.

Sincerely,

Patricia (Trish) L Nilsen

From: Joanna Sims
Sent: 2/23/2022 4:30:40 PM
To: DOH WSBOH
Cc:
Subject: Including COVID-19 in children's required vaccines to enter public school.

External Email

To whom it may concern,
My children are grown and I now have grandchildren. I have lived in Seattle all my life, I am not against vaccines, I am however, against requiring that the COVID-19 vaccine be included in children's required vaccines in order to enter public school. I believe this is a grave mistake. We do not know enough about the side effects to put this in place. Please reconsider this. These are all our children.
Thank you for your time
Joanna Sims

Sent from my iPhone

From: Susan Groller
Sent: 2/21/2022 4:04:38 PM
To: DOH WSBOH
Cc:
Subject: NO to mandatory vax for school kids

External Email

Hello,

I am a concerned Washington State Parent who is urging you to not include the COVID 19 vax on the mandatory vaccine schedule for school kids. Here is an autopsy of 2 teens who died of "toxic" myocarditis after the COVID vax.

https://www.scribd.com/document/559159108/Autopsy-Histopathologic-Cardiac-Findings-in-Two-Adolescents-Following-the-Second-COVID-19-Vaccine-Dose#download&from_embed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scribd.com%2Fdocument%2F559159108%2FAutopsy-Histopathologic-Cardiac-Findings-in-Two-Adolescents-Following-the-Second-COVID-19-Vaccine-Dose%23download%26from_embed&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C381939a40b034ecfb>

--

Susan A. Groller

From: Andrew Goin
Sent: 2/20/2022 3:55:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members Feb. 24 Technical Advisory Group
Meeting: Late, but PLEASE REVIEW BEFORE 2/24



attachments\2961AC55D3744031_157FF00B040B44E18F26FBB829E8FD75.gif

attachments\7B57734AD8EA4683_DA56571BC55B4EE4A8A828EF3744AD22.jpg

External Email

I only just learned of this meeting: PLEASE still read before the 2/24 meeting.

The covid vaccine SHOULD NOT be added to the list of required vaccines. Those of you who were uncertain that the covid vaccines met criteria 6 and wanted more evidence are right.

Does vaccination reduce the risk of person-to-person transmission?

Not to any substantial degree with omicron. Time and waning vaccine efficacy will only make this more evident. Please consider these data:

1. King County Data Dashboard: Look at race/ethnicity data

White: Fully vaccinated case rate of 110 per 100, 000

Unvaccinated case rate of 108.6 per 100,000

These numbers have been nearly identical for weeks. The rate for those with a booster shows 38% reduced transmission, but we know that this benefit will wane significantly in a short amount of time.

According to the US Census Bureau, 78.% of Washington is Caucasian.

So by data from our own biggest county, the covid vaccines fail to reduce the risk of person-to-person transmission for over three-quarters of our state population.

<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%7C00f17ce3fc0a49cfcf8608d9f4cc7b4c%7C1>

2. Data from Israel shows higher case rates among the vaccinated for all school-aged groups INCLUDING THE UP-TO-DATE (with Pfizer)

Case rates per 100,000 (as of 2/20/22)

5-11 years old 12-15 years old 16-19 years old

Unvaccinated: 1316.6 1063 1215.3

Vaccinated (not up-to-date): NA 2549.3 1451.7

Vaccinated (up-to-date): 1964.7 1371.3 1313.3

https://datadashboard.health.gov.il/COVID-19/general?utm_source=go.gov.il&utm_medium=referral
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdatadashboard.health.gov.il%2FCOVID-19%2Fgeneral%3Futm_source%3Dgo.gov.il%26utm_medium%3Dreferral&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C00f17ce3fc0a49cfcf8608d9f4cc7b4c%7C1

3. Real-world data from the UK Health Security Agency:

From the bottom of page 4:

With 2 doses of Pfizer or Moderna, effectiveness against symptomatic infection dropped to around 10% by 25 weeks after the second dose. Booster efficacy dropped to around 25-40% after 15 weeks.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/105561/week_7.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment/uploads/system/uploads/attachment_data/file/105561/week_7.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C00f17ce3fc0a49cfcf8608d9f4cc7b4c%7C1

NO VACCINE WITH ONLY A 10% EFFICACY AGAINST TRANSMISSION AT 6 MONTHS SHOULD EVER FIT THE STANDARD FOR INCLUSION ON THE LIST OF REQUIRED VACCINES

You need only look back at the Israeli data to see that the booster also fails to last

Given that there is no recap from the February 17 meeting as yet, I do not know your determinations for criteria 1,2 and 4. If our state reported cases by vaccination status, we would see a failure on criteria 2. The use of a sub-standard data set should not make a vaccine pass this criteria. Many places in the world will tell you that the current vaccines do not reduce disease transmission by any significant amount.

There is also a significant level of failure of the covid vaccines to meet criteria 4. From the Washington Board of Health Immunization Criteria, page 4 states that:

"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."

https://sboh.wa.gov/sites/default/files/2022-01/ImmunizationCriteria_a.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%2Ffiles%2FImmunizationCriteria_a.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C00f17ce3fc0a49cfcf860

Pre-licensure: According to Pfizer's own phase 3 clinical trials, there were more all-cause deaths in the vaccine arm than the placebo arm. This needs more study.

VAERS data: The numbers are concerning. Until there is more study on causality, it is reckless and premature to mandate this vaccine for school enrollment.

Finally, mandatory covid-vaccinations for school enrollment has become 100% unnecessary, for the following reasons:

1. According to the CDC, nearly everyone in Washington State already has antibodies to covid-19.

https://covid.cdc.gov/covid-data-tracker/#nationwide-blood-donor-seroprevalence
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23nationwide-blood-donor-seroprevalence&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C00f17ce3fc0a49cfcf8608d9f4cc7b4c%7C1

****It is therefore reasonable to assume that over 99% of our state population already have antibodies to covid-19****

Please note: the labels along the left are not the same for each group of individuals: the 2nd line of recovered, matches with the last line of the vaccinated, and the 4th/6th line of hybrid immunity

https://www.cdc.gov/library/covid19/12172021_covidupdate.html
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Flibrary%2Fcovid>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolum>

So what percent of Washington students have already had covid 19?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mayoclinic.org%2Fdiseases-conditions%2Fcoronavirus%2Fin-depth%2Fcoronavirus-in-babies-and-children%2Fart-20484405&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C00f17ce3fc0a49cfcf8608d9f4cc7b4c%7C11d0e>. Many more kids have contracted covid-19 than just those with positive test results.

Why would we mandate a vaccine that so many kids no longer need?

Why would we mandate a vaccine that still does not have the FDA approved version on the market?

No one can get the vaccine labeled "Comirnaty", and it is unethical to require vaccination when the only available product is the one labeled under EUA.

Please follow the science, and do not add the covid-19 vaccine to the list of required school immunizations. Public trust in our health agencies is already eroding. Do not do further damage by ignoring both the failing vaccine-efficacy against omicron transmission and the strong protection of natural immunity. If you add this vaccine to the list of required school vaccinations, it will be in spite of, and contrary to, the current data.

Thanks,

Kristy Goin

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: Margo Peery
Sent: 2/20/2022 11:36:17 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

From: Jennifer Mercille

Sent: 2/16/2022 5:37:32 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)

Cc:

Subject: Covid 19 mandate

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 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. However there are plenty of short term studies that are already demonstrating harm to children from these vaccines.
- 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. Few are even falling ill at all.. my children have tested positive several times, and only became sick the first time. They are not at risk from the virus itself.
- The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID. My children have tested positive after being exposed to vaccinated individuals who were sick, more than once, and my children did not become ill. This demonstrates the inadequacy of the vaccine to prevent the spread of this virus.
- This is not a vaccine like the Measles, Mumps, Polio, whooping cough, Chicken Pox, etc, and it shouldn't be required just like the flu shot is not required. It demonstrably does not prevent the spread, and only minimizes the effects, at best.. that boils it down to a personal risk assessment, not a matter of public health.
- This should be a parent decision on whether a child should take the vaccine. It does not impact public health, therefore it is only the business of personal choice and personal risk analysis.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

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: 2/25/2022 5:38:31 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\ACA132A1B8074230_image002.png

Hello,

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: Friday, February 11, 2022 8:22 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 along with million of other DO NOT support the Covid Vax to NOT be implemented into school vax requirements. This is a parental CHOICE, not to be governed over by anyone! These are OUR children, not yours!! It's obvious that the WA Dept of Health has been brainwashed. This vax has NOT been proven effective NOR has it been proven safe. Stop pushing Inslee's agenda onto the families of WA. Wake up and look around the world!!! Vax mandates are being overturned AROUND THE WORLD. The long term side effects of the Vax are UNKNOWN, and we know that the short term VERS reports show more risk from the Vax than those of the actual virus. Additionally this Vax is EXPIRED!!! It was derived for the 1st variant, and the virus has proven to morph into several others. Preventative and Early intervention is the RIGHT answer, NOT some ineffective experimental, newly defined "Vax". Do not push this poison onto our children. We will 100% be pulling our children from the public school system if you decide to push this through!

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

Email:

(no answer)

Telephone:

425-422-7078

5.

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

Ak.stewart@hotmail.com <mailto:Ak.stewart@hotmail.com>

From: Carrie kinsman
Sent: 2/16/2022 9:25:40 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

I was trying to find the link information for tomorrow's meeting, February 17th. To my knowledge this is a TAG meeting for the inclusion on the covid shot to be required for school aged children. This is very concerning, there is no data that would warrant children need this shot. The flu shot is not required for school entry and the Omicron variant is a flu like virus. I read that less than 700 kids have died from covid and at least half had co-morbidities. Since this isn't about our children and science, what's is about? You can't tell parents it's for our children's safety because we know that's long gone. I'm not sure when you all will stop with your power grab but I sure hope parents show up for these meeting and let their voices be heard.

From: stephanie olmstead
Sent: 2/18/2022 12:55:40 PM
To: DOH WSBOH
Cc:
Subject: adding mRNA gene therapy to childhood and adolescence immunization schedule for attending school

External Email

Dear Sir or Madam,

I am writing to you as a concerned citizen residing in Kent Washington and I am writing to you, the Board of Health and the Technical advisory group. I am alarmed. The information and data that has been presented during the previous zoom meeting and the February 17th, 2022, Zoom meeting have been completely based on misleading information. Dr Matthew Kronman presented a chart of reactions to the Covid-19 shot vs Placebo.....site soreness, headache, nausea, diarrhea etc. that seem to be vaccine reactions. The Chart has the process of the vaccine life cycle. No mention of the fact that you actually changed the definition of vaccine and vaccination for the sole purpose that the Covid-19 mRNA gene therapy can be called a vaccine. Completely misleading as a mRNA gene therapy is actually NOT a vaccination against Covid-19 as other childhood and adolescent vaccinations are.

From the last meeting Dr. Eric Lofgren an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Expressed concern that rates of myocarditis are high in vaccinated children but had no answer to explain the amount of cases. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because "there is not really anything magical about turning 18". Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Children getting myocarditis is not rare or temporary, as far as I understand once you get myocarditis it's for a lifetime as your heart does not repair itself. Vaers numbers for injury from vaccines are higher than you are portraying in your data. Your Board and your experts are downplaying the Vaers site and number of cases for myocarditis and yet your specialist Mr. Dunn says he is preferring the Vsd Vaccine safety data which actually states has the LEAST amount of data but is the MOST reliable? There is no data or no way to know the rates of myocarditis for unvaccinated or vaccinated and yet he says there's more myocarditis with unvaccinated.

I am appalled that you are allowing this falsely presented information and allowing it as factual truth for consent to innocent parents who are on the fence for getting their children vaccinated and putting this on the schedule of vaccinations for children to attend school. Your specialists have stated several times that there is not enough scientific data to support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria.

Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG

members to not look at the evidence or lack thereof, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote.

You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision.

A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states.

A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts.

The right to avoid the imposition of human experimentation is fundamental, rooted in the Nuremberg Code of 1947, has been ratified by the 1964 Declaration of Helsinki , and further codified in the United States Code of Federal Regulations. In addition to the United States regarding itself as bound by these provisions, these principles were adopted by the FDA in its regulations requiring the informed consent of human subjects for medical research. It is unlawful to conduct medical research, even in the case of an emergency, unless steps are taken to secure informed consent of all participants.

Clearly, any attempt to force anyone to take a Covid-19 vaccine including our children who do not have a voice is a violation of federal law and the conditions under the Covid-19 vaccine has been authorized for use. The law is clear , experimental medical treatment cannot be mandated that includes putting it on the vaccine schedule required for attending school for children.

If the Board chooses to continue forward with these meetings, I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold, and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

OUR CHILDREN ARE NOT GUINEA PIGS IN THIS EXPERIMENT. NUREMBERG 2.0

<https://www.reuters.com/world/india/exclusive-pfizer-withdraws-application-emergency-use-its-covid-19-vaccine-india-2021-02-05/>

Sincerely,

Stephanie Olmstead

King County, WA

Sent from Mail

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

From: Michelle Darnell
Sent: 2/17/2022 7:40:45 AM
To: DOH WSBOH
Cc:

Subject: Please vote no regarding adding the Covid 19 mRNA vaccine to the schedule of required vaccinations for children in Washington State

External Email

Dear Board members:

I am a mother of four and grandmother of three. I am also a paralegal for a law office that practices family law. I am deeply concerned as I observe that this board is considering, and appears to be swiftly moving in the direction of adding the Covid 19 mRNA vaccination to the schedule of required vaccinations for children to attend school in our state at this time. Simply put, we do not have sufficient long term data to prove the efficacy or safety of this vaccine in children.

Pursuant to stated criteria #4, #5 & #7, [WA BOH Immunization criteria
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocs.google.com%2Fpresentation%2F1vRAo4WBTEijoRTaL9hAkI0ULpAVTammNuBodmnGnOZNUj7Rp99MzK9nDiSM0hc3l-6q-yV8Hk2Ft5cA%2Fpub%3Fstart%3Dfalse%26loop%3Dfalse%26delayms%3D3000%26slide%3Did.g11571a7>>
] I implore the members of this board to take into consideration the recent public response and vote no regarding adding the Covid-19 mRNA vaccine to the schedule of required vaccinations for children . As someone who has been politically active for over a decade, it is very highly unusual for the number of people we have seen recently engage this board to do so. There is very likely an even larger portion of the public that has not engaged the board but similarly resists requiring the vaccine for children.

I have personally done hundreds of hours of research on the subject because of concern for my own children and grandchildren, and because our office has clients who are dealing with this issue in the context of our family law cases. I have concluded that there is ample cause to tread very lightly regarding vaccinating children. The adverse reactions in children appear random and not adequately understood yet. The benefits of the vaccine for children and young adults are negligible. In short, at this time it does not appear the benefits outweigh the risks, particularly for boys and young men. I have personally had many contacts who have suffered severe adverse reactions post vaccine, including death. Too many to be sheer coincidence.

If this board decides to require the vaccination, against the wishes of a significant and growing sector of the population, I fear a significant backlash. In the very least, there will be a massive exodus from the school system.

I can only speculate at this time what the motivation of this extraordinary and unusually rapid movement toward adding this experimental vaccine to the schedule for children. I am quite aware that there are significant financial and political incentives to do so.

As for my own family; regardless of the final determination of this board, we will not be allowing our children to be injected with this particular vaccine until and unless we are persuaded that it is safe and the benefits outweigh the risks. If this means we must withdraw our children from school or that my eldest son and 3 grandchildren must move from this state, that is what will happen. We will not be playing Russian roulette with the lives of our children. I will not be risking the life of my 13 year olds son.

I encourage this board to table this decision until next year, when we may have more data. The decision can be revisited at that time. It appears that the spread and the

seriousness of infection of the covid -19 virus is waning and many states are eliminating mandates all together.

Thank you for your consideration and I pray that this board makes the right decision and does not allow political pressure and emotion to dictate policy. The science does not support mandating this particular vaccine for children.

Sincerely,

Michelle Darnell
Kirkland Wa
360-720-6899
michelledarnell7@gmail.com <mailto:michelledarnell7@gmail.com>

From: Jeanne Barnum
Sent: 2/23/2022 10:58:29 AM
To: DOH WSBOH
Cc:
Subject: Please OPPOSE mandatory school covid shots

External Email

WA State Board of Health

I urge you to advise against mandatory covid-19 shots for kids. This is a serious and personal choice that only a parent should make, based on their child's current health, past infection status, and individual conscience. Numerous respected and experienced medical professionals recommend against a "one size fits all" shot for children, given the low risk. Several European countries have advised against the Moderna shot for people under 30 due to heart inflammation. Please pay close attention to what the publicly available data tell us:

- * Children are the least likely of any age group to suffer ill effects from covid-19. They have almost no risk of severe disease and virtually zero risk of death. The hospitalization rate for children with covid is .8%, and that is overblown, per Dr. Fauci, as kids being hospitalized for non-covid reasons, like a broken leg, are still tested. The case fatality rate meanwhile is .01%. And since the number of infections is many times greater than cases, the actual fatality rate is significantly lower.
- * Children are not a major source of transmission and rarely infect adults, who already have access to the covid shot. Per the CDC, in a large UK study most initial cases were associated with a staff member, not a student.
- * Nearly 40% of children ages 5-17 have already been infected, as reported by the CDC in Sept, 2021. Considering the rapid spread of the Omicron variant, this number is likely substantially higher. Reinfections are rare and generally mild due to the existence of antibodies.
- * Vaccine safety cannot be ignored. While rare, it still occurs, as easily verified by the VAERS database. It is sobering to read the details of the 64 deaths that have been reported among vaccinated children, especially when considering that in 2021 there were just 50 deaths reported from all other vaccines combined.
- * There is no long term safety data. We simply cannot pretend otherwise. It is irresponsible and potentially criminal to do so.
- * Omicron has proven highly contagious among the vaccinated while at the same time it is a less severe disease than the Delta variant. A Danish study released 1/3/22 confirms this. Outbreaks on fully vaccinated cruise ships confirm this. The Dec, 2021 outbreak in a fully vaccinated research station in Antarctica confirms this.

If 40% of our children have already had covid and the risk of death or hospitalization is virtually zero; if the vaccines offer only partial protection and do not prevent transmission, and if they have unknown long term safety outcomes - then only parents should be making the decision to vaccinate. As stated by Professor Andrew Pollard, head of the UK's Committee on Vaccination and Immunization, "We can't vaccinate the planet every 4 to 6 months. It's not sustainable or affordable."

There are too many unknowns about this new and relatively untested technology, especially with the swiftly changing landscape. Children have suffered enough during the pandemic due to a huge increase in anxiety related conditions (including drug overdose and suicide), loss of education, parental loss of income, and compromised physical health from lockdowns and mask wearing. Don't add to this already staggering burden on our children. It will be on your conscience if even one child is damaged because of a mandate.

For these reasons I urge you to vote against mandatory covid-19 vaccination. If instituted, this mandate would mainly serve to assuage adult fear. Should our children be forced to bear this burden?

Sincerely,

Jeanne Barnum

Fall City, WA 98024

<https://pubmed.ncbi.nlm.nih.gov/34732388/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34732388/>

<https://www.forbes.com/sites/roberthart/2021/11/10/germany-france-restrict-modernas-covid-vaccine-for-under-30s-over-rare-heart-risk-despite-surgin-cases/?sh=436329c2a8a6>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.forbes.com%2Fsites%2Froberthart%2F2021%2F11%2F10%2Fgermany-france-restrict-modernas-covid-vaccine-for-under-30s-over-rare-heart-risk-despite-surgin-cases%2F%3Fsh%3D436329c2a8a6&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e1664676>

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2F2019-novel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-state-level-data-report%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e1664676>

<https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%2012.30%20FINAL.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdownloads.aap.org%2FAAP%2FPDF%2F2019%20and%20COVID-19%20State%20Data%20Report%2012.30%20FINAL.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e1664676>, slide 18

<https://www.newsweek.com/fauci-children-hospital-covid-omicron-1664676>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Ffauci-children-hospital-covid-omicron-1664676&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e1664676>

<https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%2012.30%20FINAL.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdownloads.aap.org%2FAAP%2FPD%2520Children%2520and%2520COVID-19%2520State%2520Data%2520Report%252012.30%2520FINAL.pdf&data=04%7C01%7Cwsboh%40sbo>, slide 25

<https://www.healthline.com/health-news/study-finds-kids-under-10-unlikely-to-spread-coronavirus-at-school>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthline.com%2Fhealth-news%2Fstudy-finds-kids-under-10-unlikely-to-spread-coronavirus-at-school&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e21>

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%2Fncov%2Fscience%2Fscience-briefs%2Ftransmission_k_12_schools.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770

<https://pubmed.ncbi.nlm.nih.gov/33306981/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F333>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/03-COVID-Jefferson-508.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip-2021-11-2-3%2F03-COVID-Jefferson-508.pdf&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e2>

slide 7

<https://www.nejm.org/doi/full/10.1056/NEJMc2108120>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>

<https://wonder.cdc.gov/controller/datarequest/D8;jsessionId=5D5FCF0411B4D3F965B7317B0567>

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<https://www.reuters.com/business/healthcare-pharmaceuticals/omicron-evades-immunity-better-than-delta-danish-study-finds-2022-01-03/>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fbusiness%2Fpharmaceuticals%2Fomicron-evades-immunity-better-than-delta-danish-study-finds-2022-01-03%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e21

<https://wwwnc.cdc.gov/travel/notices/covid-4/coronavirus-cruise-ship>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwwwnc.cdc.gov%2Ftravel%2Fnoti4%2Fcoronavirus-cruise-ship&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C659efc122770403faaae08d9f6fe5f45%7C11d0e2172>

From: marcie paternoster

Sent: 2/17/2022 8:21:18 AM

To: Kimberly Krebs,Hannah

Markham,Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery,

MD (DOHi),Reykdal, Chris (DOHi),Miller, 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),Aultman, John (GOV),Phillips, Keith (GOV),Voris, Molly (GOV),Sawyer, Sheri

(GOV),Davis, RaShelle (GOV),Serrano, Barbara

(GOV),school.board@rentonschools.us,kentboard@kent.k12,joseph.Bento@kent.k12.wa.us,leslie.Hamada@kent.k12.wa.us,

Secretary's Office,Kwan-Gett, Tao (DOH)

Subject: Remove our kids masks now!!

External Email

While many Americans enjoyed watching the Superbowl a couple days ago, we all sat in awe and wonder at the maskless faces in a sea of 70,000 people. The next day we sent our most vulnerable in society to school with masks covering their beautiful, unique faces. What a disgrace. Masking these children is going to have psychological repercussions for years. Our kids are being brainwashed by teachers who they love and respect, by being told they have to wear masks to protect others. It is NOT a child's job to protect others! These kids, mine included are TERRIFIED! Terrified that they will get in trouble if they get caught with their mask (aka virtual signal) down. All while the majority of the country has given children mask choice, and continue to live normal lives.

Removing masks from our schools is LONG overdue. Remove them NOW!!

Thank you

Marcie Paternoster

From: Aol
Sent: 2/15/2022 6:55:13 PM
To: DOH WSBOH
Cc:
Subject: No vax for our children!

External Email

Children are ours and we as parents and caregivers get to chose their medical decisions. Covid is waning and we all know it! Masks wearing is theater and natural immunity is real. There is zero reason to force these vaccines that no longer work on our children. If a parent chooses to, they can do that but this is NOT the governors or governments decision. Most physicians say Covid will be now like a seasonal cold. Leave our kids ALONE!!

Kelly McAbee

From: zia munshi
Sent: 2/17/2022 3:30:52 PM
To: DOH WSBOH
Cc:
Subject: Question about Feb 17 meeting: TAG members

External Email

Hi there,

I am looking for a complete list of names for the people on the State Board of Health Technical Advisory Group (TAG) who voted in today's meeting (COVID-19 Vaccine February 17, 2022).

I have looked on the website, but have been unable to find it.

Thank you very much!

From: Robert Holte
Sent: 2/23/2022 11:10:29 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: tara camp
Sent: 2/24/2022 11:47:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Parents will not do this we will pull our children from public school, we will relocate if needed.

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030 is not valid

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C091a0d9dc1ec49bc81ff08d9f7ce856>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C091a0d9dc1ec49bc81ff08d9f7ce856d>

Reason 3: The Vaccine does not reduce transmission:

<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%7C091a0d9dc1ec49bc81ff08d9f7ce8>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Tara Camp

Sent from my iPhone

From: sue coffman
Sent: 2/16/2022 3:05:45 PM
To: DOH WSBOH
Cc:
Subject: TAG meeting Feb 17, 2022

External Email

To the Technical Advisory Group individuals:

I would like the following Public Comment placed where applicable for legal representation, in regard to all of the TAG meetings taking place in February. I would also request that this email be provided to all members of the TAG.

The WA State Department of Health (DOH), although a government agency, actively engages in public-private partnerships and associations so systemic, they are actually sanctioned by law in some instances. This is how the corporate capture of public health has increasingly grown over the years.

These partnerships are now so systemic, the DOH behaves like the marketing arm of the vaccine industry, and they follow whatever they are advised to do from various Gates Foundation owned/funded organizations such as the Institute for Disease Modeling (IDMOD.org) and the Institute for Health Metrics and Evaluation (healthdata.org; who gave a presentation at the first TAG meeting). These entities serve the global goals of their funders, NOT the health of individuals in WA State.

A nurse with graduate studies in epidemiology, statistics, and pathophysiology, reviewed the materials to be presented to the TAG and concluded they contain misleading and biased information about the necessity, safety, and efficacy of Covid shots for young children. The TAG members are not being presented with fair and balanced information from independent experts. The slides lack adequate information about:

- * natural immunity
- * low risk of Covid to children
- * high risk of serious adverse effects and deaths in VAERS
- * VAERS under-reporting factors
- * lack of effectiveness of the covid shots against current and emerging variants
- * age risk stratification
- * unknown long-term adverse effects
- * no long-term safety data
- * experimental use authorization
- * dosing by age not weight
- * lack of carcinogenicity or reproductive toxicity studies
- * misleading mortality data on hospitalizations/deaths of children WITH Covid versus FROM Covid

- * cases do not equal hospitalizations; hospitalizations do not equal deaths
- * clinically misleading PCR tests
- * mild Omicron variant
- * short-term waning immunity of Covid shots
- * proven alterations in innate immunity due to Covid shots
- * many other critical issues are not addressed in the meeting materials

Additionally, the presentations provided only the Relative Risk Reduction (RRR) from clinical trials, rather than the Absolute Risk Reduction (ARR):

"The absence of reported absolute risk reduction in COVID-19 vaccine clinical trials can lead to outcome reporting bias that affects the interpretation of vaccine efficacy . . . As was also noted in the BMJ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fblogs.bmj.com%2Fbmj%2F2020%2F07%2Fblog%2F2020-07-06%2Fpfrizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C11d01c3e-4743-4231-a000-000000000000>

Opinion, Pfizer/BioNTech and Moderna reported the relative risk reduction of their vaccines, but the manufacturers did not report a corresponding absolute risk reduction, which “appears to be less than 1%”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996517/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle%2FPMC7996517%2F>

In addition, I would also like to draw your attention to some very accurate sources of information that are NOT being actively utilized by (or even dispensed to) our county health department in regard to current vaccines:

* According to expert virologists, the two most prominent so-called "vaccines" are NOT vaccines at all, as they do not meet the scientific definition of a vaccine. They are actually experimental gene-altering injections that contain highly toxic ingredients.
<https://informedchoicewa.org/news/chance-that-covid-19-vaccines-are-gene-therapy-100/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Fthat-covid-19-vaccines-are-gene-therapy-100%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C11d0e>

* It is well known and well documented that these injections carry genuine risk of severe physical harm, up to and including DEATH. <https://openvaers.com/>

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

* The CDC, the FDA, and the vaccine manufacturers make NO claim that the so-called "vaccine" stops the spread of the contagion. <https://www.icandecide.org/state-health-departments-forced-to-remove-false-information-about-covid-19-vaccines/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.icandecide.org%2Fstate-health-departments-forced-to-remove-false-information-about-covid-19-vaccines%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C1>

* There are documented treatments for Covid19 which are readily available, non-invasive, and much more safe to use than the experimental vaccine regimen.

https://childrenshealthdefense.org/research_db/ivermectin-for-covid-19-real-time-meta-analysis-of-65-studies/

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fresearch_db%2Fivermectin-for-covid-19-real-time-meta-analysis-of-65-studies%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C11

* Overall, there are many studies and articles in regard to the current Covid19 “vaccines” and their impact upon society. They are not “one size fits all,” and should never be forced, coerced, or mandated upon human beings.

<https://informedchoicewa.org/news/fast-facts-on-covid-19-vaccine-concerns/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Ffast-facts-on-covid-19-vaccine-concerns%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C11>

Please peruse the actual scientific evidence that is out there, and not just listen to those who are trying to control a populace through data manipulation and other illegal and unethical activities.

In Truth and With Respect,

Sue Coffman

ICWA Team Leader

Legislative District #24

<https://informedchoicewa.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf7004f6b74b641386b8e08d9f1a0dba6%7C11>

From: Scott Rahn
Sent: 2/27/2022 11:26:22 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at 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 Gilbert
Sent: 2/25/2022 3:43:34 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: Testify Online Survey
Sent: 2/23/2022 2:09:06 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:

Sondra kyle

4.

Do you have a professional title?

1. Yes

Pharmacy technician

5.

Are you representing an organization?

2. No

6.

Address:

17127 samish heights road Bow, wa 98232

7.

Email:

Sondrasweetie@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?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Under the EUA this is still an experiment on children. It takes a minimum of 5 to 10 years to study long term effects of a vaccine. Children are least likely to suffer from covid 19 and have a very low transition rate to others including parents and grandparents. Covid is becoming at best a common cold which would show that the risk of getting the vaccine is greater than the disease.

From: Mark Halvorson
Sent: 2/20/2022 8:14:18 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To those who have been delegated to represent the citizens of Washington:

My wife and I are very concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

We believe that the decision regarding whether or not to administer these unproven drugs and the unknown physical and physiological ramifications to children should be left up to their parents / guardians and not mandated by any State Agency.

Our research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, we urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Mark & Karlyn Halvorson

From: Jeff Cameron
Sent: 2/20/2022 6:08:10 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Jeff Cameron

From: Kelle Whitley
Sent: 2/25/2022 3:10:50 PM
To: DOH WSBOH
Cc:
Subject: Requiring COVID vaccine for school attendance

External Email

Please explain to me 1. how a vaccine that is not FDA approved for children can even be a topic of discussion as a school requirement and 2. how you can sleep at night knowing that the agenda you are pushing has nothing to do with public health and safety since the vaccine DOES NOT STOP THE VIRUS FROM EXISTING IN OUR SPECIES? What do you tell yourselves in your little inner monologues that allows you to keep telling people with a straight face that getting vaccinated is necessary for everyone. How do you reconcile the knowledge you surely possess that MILLIONS of people have survived the the last two years WITHOUT being vaccinated with the fear mongering propaganda you continue to spread? How do you justify your continued crusade with mask and vaccine mandates when 40+ other states in our country are operating and surviving with NO mandates. You sully your own reputation with these nonsensical actions and decisions which can only be explained by the fact that you have something personal to gain from them. There are thousands of us who will never trust your office again now that you have shown your true colors.

From: Google Alerts
Sent: 2/18/2022 11:09:43 AM
To: DOH WSBOH
Cc:
Subject: Google Alert - washington state board of health

External Email

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%3Fso>

washington state board of health
Daily update ☐February 18, 2022

NEWS

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Mold | DOH - Washington State Department of Health
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Fand-environment%2Fcontaminants%2Fmold%26ct%3Dga%26cd%3DCAEYACoUMTUzMDE5ODE3NTM1MDgyND>

Washington State Department of Health
The mold grows best when there is lots of moisture from a leaky roof, high humidity, or flood. There is no way to get rid of all molds and mold spores ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshand-environment%2Fcontaminants%2Fmold%26ss%3Dfb%26rt%3DMold%2B%257C%2BDOH%2B-%2BWashington%2BState%2BDepartment%2Bof%2BHealth%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0NTJS0ITTFikkPYLGDVGr7Q&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccfbf1142bf9048ce2c7108d9f312>

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State Board of Health group continues to consider COVID-19 vaccine mandate for children ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dboard-of-health-group-continues-to-consider-covid-19-vaccine-mandate-for-children%26ct%3Dga%26cd%3DCAEYASoUMTUzMDE5ODE3NTM1MDgyNDQ3NjYyGjQwN2MyOWEyNTJlZmJmOWEjYjI9FxDjeHDMbmDgd6OCQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccfbf1142bf9048ce2c7108d9f3>

Washington Policy Center

The technical advisory group given the job of considering and then advising the State Board of Health whether or not to impose a COVID-19 ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshboard-of-health-group-continues-to-consider-covid-19-vaccine-mandate-for-children%26ss%3Dfb%26rt%3DState%2BBoard%2Bof%2BHealth%2Bgroup%2Bcontinues%2Bto%2Bcons19%2Bvaccine%2Bmandate%2Bfor%2Bchildren%2B...%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0NDc2Nj>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshboard-of-health-group-continues-to-consider-covid-19-vaccine-mandate-for-children%26ss%3Dtw%26rt%3DState%2BBoard%2Bof%2BHealth%2Bgroup%2Bcontinues%2Bto%2Bcons19%2Bvaccine%2Bmandate%2Bfor%2Bchildren%2B...%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0NDc2Nj>

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Washington state mask mandate ends March 21 | Crosscut

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dstate-mask-mandate-ends-march-21%26ct%3Dga%26cd%3DCAEYAioUMTUzMDE5ODE3NTM1MDgyNDQ3NjYyGjQwN2MyOWEyNTJlZmJmOWEjYjI9FxDjeHDMbmDgd6OCQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccfbf1142bf9048ce2c7108d9f3>

Crosscut

The state Department of Health plans to issue updated guidance for K-12 schools the week of March 7, so schools can have time to prepare for lifting ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshstate-mask-mandate-ends-march-21%26ss%3Dfb%26rt%3DWashington%2Bstate%2Bmask%2Bmandate%2Bends%2BMarch%2B21%2B%2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshstate-mask-mandate-ends-march-21%26ss%3Dtw%26rt%3DWashington%2Bstate%2Bmask%2Bmandate%2Bends%2BMarch%2B21%2B%2>

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21%2F%26source%3Dalerts%26hl%3Den%26ql%3DUS%26msqid%3DMTUzMDE5ODE3NTM1MDqyND

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permits-and-certificates%2Fprofessions-new-renew-or-update%2Fveterinary-
technician%2Fveterinary-board-
governors%26ct%3Dga%26cd%3DCAEYBSouMTUzMDE5ODE3NTM1MDgyNDQ3NjYyGjQwN2MyOWEyNTJlZ

The mission of the Veterinary Board of Governors is to protect the health, safety, and welfare of the public and their animals by regulating the ...

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permits-and-certificates%2Fprofessions-new-renew-or-update%2Fveterinary-
technician%2Fveterinary-board-
governors%26ss%3Dtw%26rt%3DVeterinary%2BBoard%2Bof%2BGovernors%2B%257C%2BDOH%2B-
%2BWashington%2BState%2BDepartment%2Bof%2BHealth%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0N
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permits-and-certificates%2Fprofessions-new-renew-or-update%2Fveterinary-
technician%2Fveterinary-board-
governors%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTUzMDE5ODE3NTM1MDgy

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Dr. Amy Person, health officer for Benton and Franklin counties, told the bicounty health district board Wednesday that she expected Gov. Jay Inslee ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-cityherald.com%2Fnews%2Fcoronavirus%2Farticle258478708.html%26ss%3Dfb%26rt%3DTri-Cities%2Bexpected%2Bto%2Blift%2BCOVID%2Bmask%2Bmandate%2Bwhen%2BWA%2Bstate%2Bdoes.%>

S5cAy5gMOVBvw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccbbf1142bf9048ce2c7108d9f31236c5%

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
cityherald.com%2Fnews%2Fcoronavirus%2Farticle258478708.html%26ss%3Dtw%26rt%3DTri-
Cities%2Bexpected%2Bto%2Blift%2BCOVID%2Bmask%2Bmandate%2Bwhen%2BWA%2Bstate%2Bdoes.%
S5cAy5gMOVBvw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccbbf1142bf9048ce2c7108d9f31236c5%

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cityherald.com%2Fnews%2Fcoronavirus%2Farticle258478708.html%26source%3Dalerts%26hl%3Den

Management of COVID-19 Vaccination of Pediatric Patients Webinar | DOH

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
and-your-family%2Fimmunization%2Fimmunization-news-and-hot-
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e9K4v4uBa6YIA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccbbf1142bf9048ce2c7108d9f31236c5%7C

Washington State Department of Health

Join Department of Health staff on February 25, ... MD, is a second-year resident at
University of Washington and Seattle Children's Hospital.

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19%2BVaccination%2Bof%2BPediatric%2BPatients%2BWebinar%2B%257C%2BDOH%26cd%3DKhQxNTM

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topics%2Fimmunization-training%2Fmanagement-covid-19-vaccination-pediatric-
patients-webinar%26ss%3Dtw%26rt%3DManagement%2Bof%2BCOVID-
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webinar%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTUzMDE5ODE3NTM1MDgyNDQ3NjYyGjQwN2MyOWEyNTJlZmJ

DOSH Hazard Alert on respirator use to prevent COVID-19 - Washington State

Hospital Association

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
hazard-alert-on-respirator-use-to-prevent-covid-
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> <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshazard-alert-on-respirator-use-to-prevent-covid-19%2F%26ss%3Dfb%26rt%3DDOSH%2BHazard%2BAalert%2Bon%2Brespirator%2Buse%2Bto%2Bprevent%2B-%2BWashington%2BState%2BHospital%2BAssociation%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0NDc2Nj%26u5ghM5rgi-OqC1dh6vR-SZxg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccfbf1142bf9048ce2c7108d9f31236c5%7C11d0e217>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-hazard-alert-on-respirator-use-to-prevent-covid-19%2F%26ss%3Dtw%26rt%3DDOSH%2BHazard%2BAAlert%2Bon%2Brespirator%2Buse%2Bto%2Bprevent-covid-19%2B-%2BWashington%2BState%2BHospital%2BAssociation%26cd%3DKhQxNTMwMTk4MTc1MzUwODI0NDc2NjU5ghM5rgi-OqC1dh6vR-SZxg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccxfb1142bf9048ce2c7108d9f31236c5%7C11d0e217>

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dhospita- services-adds-covid-vaccination-compliance-to-growing-list-of-pre-survey-inspection-services%2F%26ct%3Dga%26cd%3DCAEYCSouMTUzMDE5ODE3NTM1MDgyNDQ3NjYyGjQwN2MyOWEyNTI>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
hospital-services-adds-covid-vaccination-compliance-to-growing-list-of-pre-survey-
inspection-
services%2F%26ss%3Dfb%26rt%3DWashington%2BHospital%2BServices%2Badds%2B%25E2%2580%25

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
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[Send Feedback](#)

From: Schreiber, Tracy N (SBOH)
Sent: 2/16/2022 9:12:45 PM
To: DOH WSOH
Cc:
Subject: FW: February 17.2022

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:34 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@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://gcc02.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%2Fdefault%2Ffiles%2FOSHA-309.pdf>

158.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd7cde662e60f467362e908d9f1d4208a%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%7Cd7cde662e60f467362e908d9f1d4208a%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%7Cd7cde662e60f467362e908d9f1d4208a%7C11c>

<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%7Cd7cde662e60f467362e908d9f1d4208a%7C11c>

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: Matthew Lindsay
Sent: 2/16/2022 9:50:06 PM
To: Regan Peek,Tanya Goodman,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)
Subject: Re: BIPOC children don't want to wear facial coverings either!

External Email

I agree. This issue was never about the color or race of anyone. It is about honesty, truth and common sense.

Which all humans are capable of.

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%7>>

From: Regan Peek <regan131@hotmail.com>
Sent: Wednesday, February 16, 2022 9:21:15 AM
To: Tanya Goodman <goodman_tanya@outlook.com>;
Dow.constantine@kingcounty.gov <Dow.constantine@kingcounty.gov>;
coronavirus@kingcounty.gov <coronavirus@kingcounty.gov>; joholmen@lwsd.org
<joholmen@lwsd.org>; jeff.duchin@kingcounty.gov <jeff.duchin@kingcounty.gov>;
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>; maraldom@issaquah.wednet.edu
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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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Cc: yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com
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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
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ahasheva@gmail.com <ahasheva@gmail.com>; anib@keystonerei.net
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<egemmill617@gmail.com>; erin.penberthy@yahoo.com
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kylefran.clark@gmail.com <kylefran.clark@gmail.com>; gennzee@yahoo.com
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<heathertate@rocketmail.com>; irena.pashchenko@gmail.com
<irena.pashchenko@gmail.com>; jacq.lmn@gmail.com <jacq.lmn@gmail.com>;
jamielynn0221@yahoo.com <jamielynn0221@yahoo.com>; jywang@hotmail.com
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jharris8682@outlook.com <jharris8682@outlook.com>; jdpez@hotmail.com
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chori84@gmail.com <chori84@gmail.com>; Brooke.alles@icloud.com

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Karilynd@me.com <Karilynd@me.com>; Monica.lagatt@gmail.com
<Monica.lagatt@gmail.com>; Bowic999@Gmail.com <Bowic999@Gmail.com>
Subject: BIPOC children don't want to wear facial coverings either!

All,

We are a multi-ethnic / BIPOC family with a child in the LWSD. Just thought I had to mention that considering that there are some political players trying to turn this issue into a racial one, which it isn't.

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.

From: rb2006
Sent: 2/22/2022 11:39:46 AM
To: DOH WSBOH
Cc:
Subject: Oppose Covid-19 Vaccine

External Email

To Whom It May Concern:

I am writing in opposition of adding the Covid-19 vaccine to required immunizations to attend Washington State Schools. This is extremely concerning for a number of reasons but will keep this simple. This vaccine technology has not been adequately test and is very new. The Covid-19 vaccine itself has not gone through the 5-10 year process to understand all of the risks, especially to children. With the very small risk Covid-19 poses to children more and more science is backing natural immunity for this demographic.

This vaccine is still under Emergency Use, as such adding it to the required immunization record for children seems incredibly ill advised. More children have died from influenza than from covid-19 and yet we are not requiring this vaccine to attend school. Why the change? Forcing experimental medication on children is inhumane and should not be an option in a free society. I beg you to reconsider this action, stand by choice, stand by the whole body wellness of the child and society, and protect Informed Medical Consent with your actions.

Sincerely A Concerned Citizen and Mother,

Rachel Buck

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: Lisa Poole
Sent: 2/24/2022 1:51:52 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4278117b84a94cda11ff08d9f7dfb21a%7C>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4278117b84a94cda11ff08d9f7dfb21a%7C>>

Reason 3: The Vaccine does not reduce transmission: <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%7C4278117b84a94cda11ff08d9f7dfb21a%7C>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

L. Poole

From: Robert Holte
Sent: 2/19/2022 5:40:20 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: Kenneth Rush
Sent: 2/17/2022 1:17:14 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: Gerene Nelson
Sent: 2/25/2022 9:24:31 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: DOH Information
Sent: 2/17/2022 11:37:52 AM
To: DOH WSBOH
Cc:
Subject: Vaccine comment



attachments\384C95C5A88444CF_image002.png

Hello,

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: Thursday, February 17, 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:

Other

2.

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

AS A PARENT I AM BEGGING YOU. Do NOT MANDATE the Covid vaccines. I and many other parents do not want our kids to have this vaccine and we have had enough. We will pull our kids from school if it becomes mandatory. Unmask our kids and end this madness.

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:

Angie Blodgett

Email:

cola_redAngel@hotmail.com <mailto:cola_redAngel@hotmail.com>
Telephone:
509-750-9808

5.

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

cola_redAngel@hotmail.com <mailto:cola_redAngel@hotmail.com>

From: Beverly Carlson
Sent: 2/17/2022 2:36:42 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 immunizations added to schedule of school required shots.

External Email

So much is wrong with this idea. It is illegal as the shot is EUA and cannot be given without consent and you cannot be coerced to receive it. It would also shift the liability to WA State Board of health as it hasn't gone through proper peer reviewed studies for safety and efficacy.

They have not gone through the proper animal trials, there are other safer alternatives to treat COVID if infected. Infection rates in children is negligible, so this is not necessary. The threat of COVID is over.

The students would essentially be experimented on, which is a violation of the Nuremberg code, all 10 parts. Consent is required, but without the ingredients disclosed there is no way to give proper consent.

There have been more injuries & death to the 11-18 year olds from the vaccine that are recorded than there have been from COVID. COVID is almost, if not already, in the endemic stage, so no need to implement. It will be a seasonal flu from here on out.

The amount of funds that the state is receiving to put this on the schedule should also be mandatory to disclose, so the citizens of WA have a full picture of why this is even being proposed.

I think you are opening yourselves up to a plethora of lawsuits, which is a waste of Washington tax dollars. Some persons involved could also be sued individually.

Keep our children safe, that is your job. This is not keeping them out of harm's way!

Thank you!

Bev Carlson

From: BEVERLY CARMAN
Sent: 2/18/2022 7:21:18 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 shots

External Email

Do NOT require our kids to have a Covid MRNA shot to attend school. They are more in DANGER OF THE SHOT than if they got Covid.

Thank You
Bev Carman

From: Heidi Munson
Sent: 2/17/2022 10:23:22 PM
To: DOH WSBOH
Cc:
Subject: No mandating Covid vaccinations in school immunization requirements

External Email

To whom it may concern:

I am writing to express my extreme opposition to adding the Covid vaccination to school immunization requirements for children. I am very pro vaccine in general, and my child got all of their vaccines growing up--but they were actual vaccines with a long-proven track record. That is not at all the case with the Covid injection.

I am also not opposed to the Covid injection--I got it myself. But children and their growing bodies are an entirely different thing. It is obvious from the data that they are in an extremely low-risk cohort for becoming seriously ill from Covid. Furthermore, there is a risk of myocarditis from the injections, and that risk does not outweigh the benefits, given that approximately 10-20 children (without comorbidities) have died from Covid, and the fact that the injection, clearly, does not stop the spread of the virus.

Perhaps one day, down the road, when the vaccine has had far more testing, is more effective in preventing the spread, and has fewer risks, then it can be added to the vaccines which are currently mandated for public school children. But that time is not now. All the data go against this.

Signed,
Heidi Munson

From: Michael Zeller
Sent: 2/17/2022 10:37:06 AM
To: DOH WSBOH
Cc:
Subject: No mandate for school children.



attachments\2A17E10110384D6D_Image.jpeg

External Email

Thanks to protect veritas. The public is becoming aware about the real agenda behind mandating Covid shots for school age children is a ploy to make as much money for the drug companies and the FDA as possible. <https://www.projectveritas.com/news/fda-executive-officer-on-hidden-camera-reveals-future-covid-policy-biden/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.projectveritas.com%2Fnews-executive-officer-on-hidden-camera-reveals-future-covid-policy-biden%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26da1cc239ab4081879e08d9f2447e80%7C11c>>

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26da1cc239ab4081879e08d9f2447e80%7C11c>>

From: Alyssa Seebeck
Sent: 2/22/2022 9:10:28 PM
To: DOH WSBOH
Cc:
Subject: No COVID vaccine requirement for schools

External Email

To whom it may concern,

As a parent of a school aged child, I strongly oppose requiring the Covid vaccine to attend school. Here are the reasons why:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. -this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19 -there are many documented cases of myocarditis in children, especially boys, related to the shots -the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

We will not subject our children to be apart of your experiment.

Sincerely,

Alyssa Seebeck

Sent from my iPhone

From: Testify Online Survey
Sent: 2/16/2022 2:35:00 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:

Criteria 1, 2 and 4

3.

Your Name:

Tamara Gambill

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

20428 130th Ave SE kent WA 98031

7.

Email:

missroo66@gmail.com

8.

Phone Number (Include Area Code):

253-630-2620

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

Criteria #1 recommending the vaccine for childhood and adolescent immunization schedule. Criteria #2 is effective as measured by immunogenicity and population-based

prevention data in Washington State Criteria #4 is it safe and has an acceptable level of side effects.

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts.

From: Stephanie Wise
Sent: 2/17/2022 3:34:41 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: Andrew Goin
Sent: 2/28/2022 7:40:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To the members of the Washington State Board of Health,

We are facing a health crisis, and I am not talking about covid-19. Public trust in our health agencies has been shattered. The majority of this has nothing to do with "misinformation", but with the actions and obfuscations of our health agencies. The recent CDC disclosure that they withheld the bulk of covid-data, partially due to the fear that it would increase vaccine-hesitancy, is appalling and validates public distrust. This damage will take decades to repair; to the detriment of public health.

I speak from the perspective of one who was never anti-vax, only vaccine-hesitant. The recent TAG process gave me a strange dichotomy of increased skepticism and increased trust.

How did it strengthen my faith in public health?

1.

It was quite evident that the TAG members took their positions very seriously. They asked great questions and provided thoughtful deliberation. Very few committee members seemed to come with a pre-determined vote. They brought much-needed credibility to the public health process.

2. The final vote was the right vote. Please don't misinterpret that vote as a split-decision. The "not sure" would have likely defaulted to "no" (with written caveats), had it been a simple yes/no vote.

Regardless, only 6 of 17 people recommended the addition of the covid vaccine to the list of required school vaccinations. This is a favorable vote of only 35%.

How did it damage my faith in public health?

1. There was an "elephant in the room" through the entire process: Omicron obliterated every other variant of covid-19, and it is markedly different. The entire landscape of covid-19 has changed.

You know this, and everyone else knows this. The only data and recommendations relevant to this decision are those that come from 2022. Yet you opted to ignore this reality and present data from 2020-2021 that is completely outdated and therefore misrepresentative to the current situation. There are only two options here: ineptitude or biased agenda. Neither bodes well for public trust in our health agencies.

2. This was such an egregious violation of "following the science" that I state it again: You know, and everyone knows that the covid of 2022 is all that is relevant right now. Why didn't you put the process on hold and wait for more relevant data? Such action from the Washington State

Board of Health would have generated an immeasurable boost in public trust and mended the bulk of damage. Instead, we are left to question either the intelligence or motives of our health authorities. These conclusions were entirely preventable, had you just waited for the data that was relevant to the decision.

How should you proceed?

1. Do whatever you can to increase viewership of your meetings, possibly even posting them for people to view on their own time. Though I might disagree with various views and voices, my trust in public health has improved by watching the process. There is tremendous damage to repair, and speaking as someone with flagging trust, public engagement will help. You all exude a desire to do what's best. Public health will reap much benefit from more people seeing this truth!

2. Keep the elephant out of the room. Only present and utilize data that is relevant to the covid of today: omicron. This will likely not be fully available for months, and that's okay. The public will respect that you are "following the science" by acknowledging that we are in a different place today. We need to know where we are at before we can make the best decisions moving forward.

3. Follow the TAG recommendation. Dr. Pendergrass's assurance that the TAG decision would not receive a "rubber stamp" from the Board of Health was good to hear. Yet their vote is significant.

The members who were "not sure" displayed tremendous responsivity to the truth of the matter: there are so many unknowns, and we don't have enough information to best make this

monumental decision. Had the team voted in the affirmative, using outdated data, the blow to public health would have likely been irreparable. Kudos to the efforts, integrity, and

discernment of the team! They looked at the big picture and saw the unintended consequences that could cause even more damage than covid-19**. At the end of the day, only 35% of the team

thought that the covid vaccine should be added to the list of required school vaccinations. Should you opt to add the covid-19 vaccine, against their recommendations, you will deal a death-blow

to Washington's trust in our health agencies and officials. The damage would be exponentially greater than that which would have arisen from a positive TAG vote, followed by Board of Health agreement.

As things stand right now, I believe the TAG process was an overall win for the future of public health. It will only continue in that track if you proceed with solid science, wisdom, and discernment.

Best wishes,

Kristy Goin

**I can personally attest to the "unintended consequences" of covid-19 vaccine requirements on public health:

1.

May 2021: I planned to get vaccinated after the vaccines received full approval.
2.

Feb. 2022: Neither myself, nor any member of my family, will receive a covid-19 vaccine.

2. Summer 2021: I planned to get flu shots for our entire family.
Fall 2021: No member of our family received a flu shot.

3. My oldest 2 children: Received the HPV vaccine
My youngest son: Do not plan for him to receive the HPV vaccine

(I recognize these last two are knee-jerk reactions that make no sense, and they are simply a reaction to my broken trust, yet there they stand. Should public health proceed with integrity and transparency, I fully expect these decisions will come back into alignment with my previous views, because I know those were the more rational choices.)

4. My mom (68 years old) just told her doctor that she will no longer receive any of the recommended vaccines, because she no longer trusts the regulatory process. She turned down the pneumonia vaccine at her last appointment. Many of my mom's reasons are ridiculous and based on "misinformation" (and I've told her so), but much of her hesitation is understandable and based upon the actions of our health agencies. I am greatly troubled by her increased health risks from this decision!

5. My mom's sister (70 years old) has also decided against any future vaccinations.

I am just one person, but I can count at least a dozen people I know who have similarly pulled back from recommended preventative public health practices that they never questioned before. This is the most concerning public health crisis of 2022.

From: Beverly Heuer
Sent: 2/17/2022 3:49:15 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement

External Email

This vaccine is still in the early stages of testing, and those who get it are part of an experiment for this new technology. We don't know yet what the long-term risks will be. For this reason, it presents even more risk for children and their growing bodies. After getting the vaccine some children, particularly boys, have gotten myocarditis. Consider too that more children have died from influenza than Covid in the past year, yet we don't mandate influenza vaccines for school-aged children.

Please vote no on this proposal.

Beverly Heuer
Everett, WA

this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

From: Jim Jacobs
Sent: 2/24/2022 1:12:20 PM
To: DOH WSBOH
Cc:
Subject: NFSD Letter Stating Opposition to Vaccine



attachments\FD56ACF05D244EFE_NFSD Covid Vaccine Letter to Governor.pdf

External Email

Dear sir or ma'am,
Please find the attached letter of opposition from the board of directors of the North Franklin School District regarding the possibility of a mandatory k-12 Covid Vaccine.

--

Kids First, Education Always,

Jim Jacobs

Superintendent

North Franklin School District

509-234-2021

February 23, 2022

Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

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

Re: Covid Vaccine Mandate for K-12 Public School Students

Dear Governor Inslee and Washington State Board of Health,

According to the input we have received from our community and from our health and administrative professionals in the North Franklin School District, a Covid vaccination mandate would be extremely detrimental to the continued operations of the North Franklin School District.

The administrative and health professionals who work for our school district have already provided feedback that a vaccine mandate for k-12 public school students would create an unreasonable and insurmountable administrative burden. As you can see by the survey data included in this letter, over 65% of our community will seek exemptions for the vaccine mandate which will require exorbitant amounts of administrative and clerical time to create, offer, approve or deny, record and track. With that many exemptions, the mandate is not even technically a mandate.

If you were to mitigate this administrative burden by denying exemptions, then you would create irreversible distrust between our community and our public schools. This distrust would have a direct and immediate effect on school enrollment, which you can see from the survey data would cause a reduction in enrollment revenue that would devastate our school district.

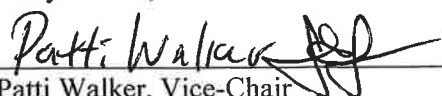
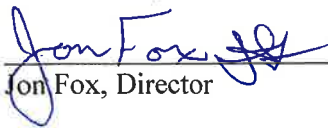

It is widely proven that vaccinated individuals can and do continue to transmit the virus. This fact was communicated by your offices over the last several months as you continued to mandate the masks due to the fact that the vaccine did not stop the transmission of the virus.

The North Franklin School District Board of Directors, with a large amount of input from the community we represent, would like to communicate that we support vaccinations in general, but stand firmly against a Covid vaccine mandate for k-12 public school students.

Sincerely,

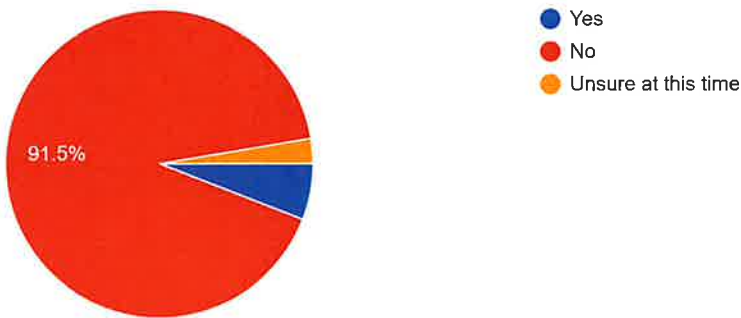

Jim Jacobs
Superintendent

NORTH FRANKLIN SCHOOL DISTRICT
BOARD OF DIRECTORS

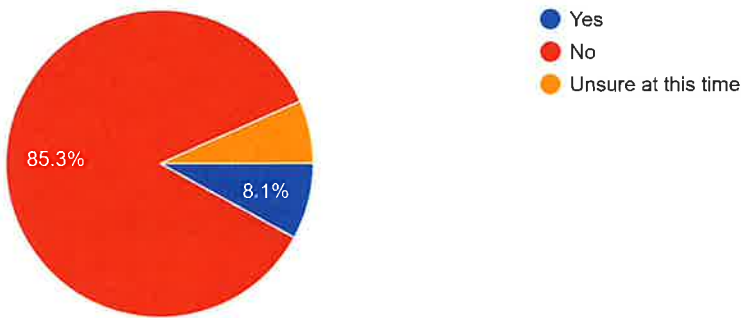

Terry Utecht, Board Chair
Patti Walker, Vice-Chair
Jon Fox, Director
Lori Mercer, Director
Pat Hailey, Director

Survey regarding possible vaccine mandate from state

Are you in favor of a Covid Vaccine requirement for children ages 5 and up to attend school?
423 responses

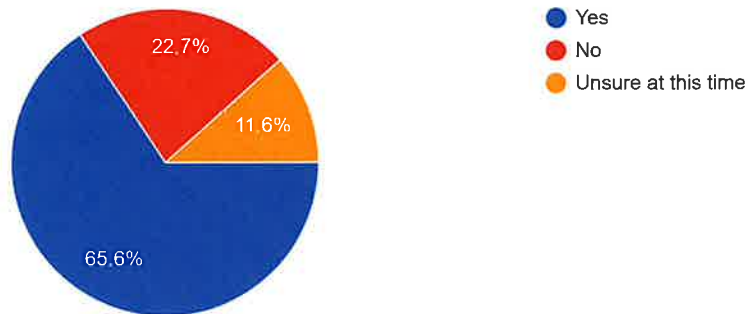


If the Governor mandates that children ages 5 and up must be vaccinated to attend school, will you vaccinate your children?
422 responses



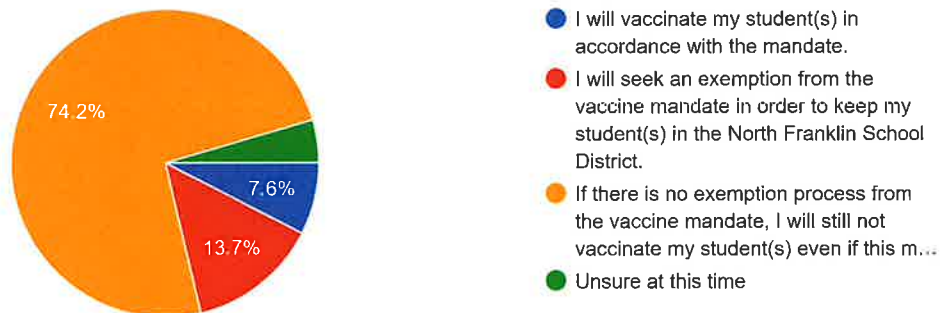
If the mandate includes an exemption process, will you seek to obtain an exemption for your child?

422 responses



If there is a vaccine mandate for students, what will be your course of action?

422 responses



From: Testify Online Survey
Sent: 2/16/2022 2:34:35 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 17 2022

2.

Agenda Item or Issue:

TAG meeting regarding 246-105

3.

Your Name:

Lacey Clark

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Clarkcommune@protonmail.com

8.

Phone Number (Include Area Code):

3607903888

9.

Do you have any special expertise relevant to this topic?

1. Yes

Vaccine injured child

10.

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

1. Yes

The advisory group's recommendation to include covid 19 jab for children for school attendance and daycare attendance.

11.

Are you Pro or Con on the proposal?

2. Con

I don't believe you are all so warped that you believe this is safe or effective (at protecting from covid) for anyone, let alone our youth. Which means rather you know exactly what this is aimed to do to humanity and you're expressly promoting and encouraging it. None of this will ever be forgotten. Nuremberg happened and the people will see it happens again.

From: Caitlin Schiefelbein
Sent: 2/26/2022 8:56:34 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: Darleen Christopher
Sent: 2/25/2022 4:27:20 PM
To: DOH WSOH
Cc:
Subject: Fwd: 8-Year-Old Dies 7 Days After Pfizer Shot + Wrestler Kyle Dake: Why I Started Athletes for Medical Freedom + More

External Email

Don't mess with the children

Begin forwarded message:

From: Children's Health Defense <team@childrenshealthdefense.org>
<mailto:team@childrenshealthdefense.org> >

Subject: 8-Year-Old Dies 7 Days After Pfizer Shot + Wrestler Kyle Dake: Why I Started Athletes for Medical Freedom + More

Date: February 25, 2022 at 3:06:10 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
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.salsalabs.org%2F25-22defender%3FwvpId%3Ddc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5b8e6b17cfd445c7a3ee08d9f8be88d1%7C>

February 25, 2022

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TOP NEWS OF THE DAY

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21-Year-Old Med Student Severely Injured by Pfizer Vaccine Still Waiting for Response From Government Compensation Program

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8-Year-Old Boy Dies of MIS 7 Days After Pfizer Vaccine, VAERS Report Shows

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Wrestling Champ Kyle Dake Tells RFK, Jr. Why He Started Athletes for Medical Freedom

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Is CDC Hiding Data to Serve Its Political Narrative?

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How Corporate Monopolies Steal Our Freedom and Corrupt Democracy

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Trillions in Government Subsidies Are Driving Ecosystem Collapse, Species Extinction

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Glyphosate Contamination 'Widespread' in Foods Sold at Whole Foods, Amazon, Walmart and Target

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Eating Disorders Among Teen Girls Doubled During Pandemic, CDC Study Shows + More

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Bill Gates: 'If Every Country Does What Australia Did,' the World Could Prevent the Next Pandemic + More

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□□□□□□

You Make It Possible

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Listen to what RFK, Jr. has to say.

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT09e8f044503-4665-a882-255ecf2b14d9%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5b8e6b17cfd445c7a3ee08d9f8be88d1%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%2FTd33c3964bd-436d-8a13-c38ef214b42a%2Fdc0f7db7-4555-4304-ad07-

4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5b8e6b17cfd445c7a3ee08d9f8be88d1%7C

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4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5b8e6b17cfd445c7a3ee08d9f8be88d1%7C

From: drbenlynch@icloud.com

Sent: 2/16/2022 9:43:43 AM

To: Jeremy

Munn,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.c

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)

Subject: Masks are Personal Protection

External Email

Board members -

If a teacher or student is concerned about COVID, they can take the necessary precautions.

Wear a N95 mask, stay home if sick, and they should supplement with vitamin D (of which no public health official is talking about but should be repeating loudly).

Forcing everyone to wear cloth or other insufficient masks is simply theater.

Remove all mandates now.

Kid's freedom's and developmental needs are damaged.

Stop hurting my son and all the others.

We're done and we're mad.

We're also not vaccinating. By forcing vaccines, we will definitely not attend public school. Less money for you.

Ben

Father of two boys in LWSO

From: Brian Harris
Sent: 2/16/2022 5:39:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Giving shots to children especially when they are extremely low risk for any disease including this one is not wise and the vax makers cannot be held responsible. Let's face it these mandated ideas have not worked,hurt our children and scared everyone out of their waits! It's over and most people know it except those who want to hold onto power. People are leaving our beautiful state ! Last year we were number 5 now we are 35 in places to live and that's in ONE YEAR? The roads are crumbling, Crime is Record breaking people are out of work,Gas is 4bucks and taxes are out of sight,what's going on? FIRE THE CONSULTANTS and leave the kids alone. This is wrong on so many levels. Do your kids go to Govt run schools? 2 yrs of Failure ,please stop the Madness! Thank you!

From: Larry Jensen
Sent: 2/17/2022 8:53:56 PM
To: DOH WSBOH
Cc:
Subject: Stop the craziness... stop the collusion between big Pharma and Big Government

External Email

To the Board of Health,

STOP THE MOVE TO MANDATE VACCINATIONS FOR CHILDREN OR ANYONE!

I am writing to stop the illegal activity of forced vaccinations.

What is the craziness that drives huge sections of the populations to violate the rights of individuals to choose for themselves and by extension their children?

The issue should stop there and not have to go any further.

Consider the Science that shows the extreme low risk of Covid to the youth.
There is only serious risk to the aged, and sick.

Please stop all mandates and stop stealing the rights of individuals to decide for themselves their health choices.

Larry R. Jensen
360-770-5133

From: Norma Robideau
Sent: 2/25/2022 5:17:20 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: Kelli Winter
Sent: 2/27/2022 11:23:26 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: Stephanie Smith
Sent: 2/17/2022 8:14:56 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

Writing to inform you have my personal (and family of 4) full support to NOT mandate this vaccine for children. We are aware of the data of this vaccine, re; transmission and waning efficacy, the low risk towards kids with covid, and the strength of natural immunity. I support you in voting against this vaccine mandate.

I am a parent who is vaccinated and our kids are up to date.

From: Robert Turner
Sent: 2/17/2022 9:12:39 PM
To: DOH WSBOH
Cc:
Subject: Child Vaccination.

External Email

First ask whose children are they the Parents or the State? Parents hold the place of raising children NOT THE STATE!

Vaccinating children is not the best for them, they are healthy and mostly immune.

You have no proof of what these serums do to benefit a child, thus should not be Mandated!

Stop experimenting on our youth. This is America not NATZI GERMANY!

Robert Turner, vtrdat@whidbey.com
A WWII Survivor

From: Lisa Evans
Sent: 2/25/2022 7:54:27 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 Blakeman
Sent: 2/17/2022 7:03:44 AM
To: DOH WSBOH
Cc:
Subject: Please vote no on forced vaccines for kids

External Email

Please please do not force parents to do something they believe could harm their children. Many European countries have kept their kids in school without vaccines and without adverse effects on society. It crosses my mind big pharma is behind this.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Glasoe, Stuart D (SBOH)
Sent: 2/17/2022 11:26:28 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: Wednesday, February 16, 2022 7:06 PM
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: Knapp Kelly
Sent: 2/26/2022 3:23:28 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: Pamela Stone Chambers
Sent: 2/17/2022 8:46:12 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

All of the data available from the CDC and the CDC VAERS site clearly shows that Covid Vaccines are FAR more dangerous to our children than Covid itself. PLEASE DO NOT approve Covid Vaccines for our children. Further, the pandemic is ending and Covid is becoming endemic. Time to MOVE ON!!! No more mandated injections for our children. They already receive nearly 70 injections by the time they are 18! Approving the Covid Vaccines, especially when long-term effects are unknown, would be an abomination.

Thank you for your time.

Sincerely,
Pamela Stone Chambers

From: Randy Hamon
Sent: 2/17/2022 8:17:41 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I'm not in support of making the "vaccination" for Covid 19 a requirement for school a requirement for attendance of public school. As a parent and a teacher in a Washington state public school, I care deeply about the negative impact this experimental "vaccination" could have on young people. There is no rush to make this mandatory, since the effects of Covid 19 are not severe to young people. Additionally, the case numbers are declining. Please don't encourage any hasty decisions to our legislature.
Respectfully,
Randy Hamon

Sent from my iPhone

From: Ron W Hardy
Sent: 2/24/2022 4:31:06 AM
To: DOH WSBOH
Cc:
Subject: Covid vax does not meet schedule inclusion WAC & RCW requirements

External Email

I notice that near the bottom of the Washington State Board of Health, TAG information web page (Feb. 24 TAG Meeting Announcement | SBOH (wa.gov) <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fnews%2Ffeb-24-tag-meeting-announcement&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cabb36c382f1a416149fe08d9f79185f4%7C>) it says,

“The Board has authority under RCW 28A.210.140 to adopt rules establishing the procedural and substantive requirements for full immunization. Chapter 246-105 WAC governs the immunization of children in school and childcare against certain vaccine preventable diseases.”

It has been proven that the Covid vax Does Not prevent contraction of the disease and does not prevent spread of the disease by the vaccinated. These two facts alone should be enough to defeat any idea of the Covid vax being made mandatory for school children, the Board of Health and TAG’s own criteria pursuant to RCW 28A.210.140 and Chapter 246-105 WAC..

Cordially,

Ron Hardy

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: Annette Rose
Sent: 2/19/2022 8:12:12 AM
To: DOH WSBOH
Cc:
Subject: 1 in 40 BILLION chance of this happening

External Email

This is happening... your TAG team says there's no risk... or very minimal. They're lying. We all know it. The information is out there. The truth. And people know you're lying to them. Mandating this vaccine for our children is not going to go over well. I hope you can see that.

[https://www.thedesertreview.com/opinion/columnists/lightning-strikes-twice-two-high-schools-sudden-deaths-on-the-same-day/article_d5375cdc-8dbb-11ec-ac07-73af1dfa9c96.html?fbclid=IwAR15gqpJeEa-](https://www.thedesertreview.com/opinion/columnists/lightning-strikes-twice-two-high-schools-sudden-deaths-on-the-same-day/article_d5375cdc-8dbb-11ec-ac07-73af1dfa9c96.html?fbclid=IwAR15gqpJeEa-9IEiaicX0vDDfM_6iCdp0rWN5EHSCesUVdn36MUzxzqqQV4)

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thedesertreview.com%2Fopinion/columnists/lightning-strikes-twice-two-high-schools-sudden-deaths-on-the-same-day%2Farticle_d5375cdc-8dbb-11ec-ac07-73af1dfa9c96.html%3Ffbclid%3DIwAR15gqpJeEa-9IEiaicX0vDDfM_6iCdp0rWN5EHSCesUVdn36MUzxzqqQV4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C>

Annette
Sent from my iPhone

From: Herendeen, Lindsay (SBOH)
Sent: 2/16/2022 10:10:33 PM
To: DOH WSBOH
Cc:
Subject: Fwd: February 17.2022

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:33:50 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@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%2F8546144%2FPMC8546144%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34696485%2F>

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%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 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://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%7C65eae44488c74b1c6f4208d9f1dc336e%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%2Falethonews.com%2F2021%2F11%2F05%2F6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C65eae44488c74b1c6f4208d9f1dc336e%7C11>

11&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C65eae44488c74b1c6f4208d9f1dc336e%7C11

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%7C65eae44488c74b1c6f4208d9f1dc336e%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%7C65eae44488c74b1c6f4208d9f1dc336e%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: Cindy Clapper
Sent: 2/24/2022 9:40:21 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for school children

External Email

PLEASE vote NO on this.

You can't mandate an emergency use shot with no testing. The only reason the shot has gone on so longis because they will not allow any other treatment... so the shot will be pushed.

There are so many people that have been harmed by the shot there's so many people that have died from this shot and no one is talking about it.

You can't demand kids to have the shot. You are not going to be there for them when something happens to themtwo years from now, four years from now, 10 years from nowwheneveryou don't even know. this absolutely must not be mandated.

Thank you
Cindy Clapper

From: Yesica Carmel
Sent: 2/21/2022 9:59:33 PM
To: DOH WSBOH
Cc:
Subject: COVID MRNA

External Email

To whom it may concern,

Please, let our children and your children be children.

Surely you and I both remember at some point when we were children, enjoying our time without restrictions or that we saw our parents do something to us that their hearts told them was not right? Our parents loved us and cared about us. Who better than a mother or a father to decide what is best for their own children.

This new generation of children needs and deserves to have the same freedom that we had when we were children.

Thanks for your attention.

Yesica Carmel

From: Kristine Nisco
Sent: 2/17/2022 11:56:00 AM
To: DOH WSBOH
Cc:
Subject: Opposition to Covid-19 vaccination mandate for kids

External Email

I am adamantly opposed to the mandate on kids for the Covid 19 vaccine. We have made 2 plus years through this. What is the harm in waiting a couple more years for long term studies on this vaccine before making it mandatory for kids? What if down there road, due to being able to study it longer, you find out it causes irreparable harm? Are you going to be able to sleep at night if you force this now? Pharmaceuticals are recalled all the time because of side effects. If the kids were dying left and right I could see the need to rush this, however the risk of death to them is ridiculously low. Not to mention if they are vaccinated it does not prevent the teachers from getting Covid. There is literally no reason why this cannot wait several years in order to collect more data. Please do not vote to make the vaccine mandatory for kids.

Thank you,

Kristine Nisco

Sent from my iPhone

From: Marneye Driesen
Sent: 2/24/2022 4:00:57 PM
To: DOH WSBOH
Cc:
Subject: Comments for the consideration of covid vaccine requirement for school/childcare entry

External Email

☐ Boardmembers,

Please restore the trust I and many others had in our healthcare authorities. There is a huge difference between recommending this vaccine and requiring it for school and daycare entry.

I appreciated the discussions that were had at the last TAG meeting today (2/24/22). A lot of the concerns raised reflected what myself and many others are concerned about. This will be a huge burden incurred for an overall relatively small number of children that will actually become vaccinated due to this requirement.

As a parent, I see no difference between a "requirement" and a "mandate". Both force compliance for a vaccine that is still in clinical trials for a subset of the population for which you are contemplating enforcing this for.

My oldest child is fully vaccinated for all required school vaccines. Due to the consideration of covid vaccine mandates for our children and the constant changing of guidance from our most respected health authorities, I have become hesitant and have delayed even some regular childhood vaccinations for my youngest child. I have lost trust in my healthcare providers and the medical community due to the constantly changing and conflicting data presented by the CDC, NIH and the WHO. I want to have faith that the WA state board of health will be the voice of reason and help build back this loss of trust by not adding the covid vaccine to the list of required vaccines for school entry.

I just read the newest CDC guidelines recommending an increased time between the initial and second covid vaccine shots. So is the best interval 3 weeks or 8 weeks now? Can you tell me how many shots will be considered fully vaccinated? 2? 3? 1 with proof of recent infection? A booster every year? Will the current vaccine protect against the inevitable new variants that will arise? What will be considered compliance in order for them to continue their education? This data is constantly changing. How can I take my child to their provider and confidently vaccinate them for covid knowing that these

guidelines are still changing and that some health agencies in other countries have even recommended against children taking this vaccine?

Please do not deny children an education because of the reasonable hesitancy parents feel or the burden they will incur to make their children compliant. Thank you for considering these concerns.

Respectfully,

Marneye Driesen

From: Nancy Joy Callihan
Sent: 2/16/2022 2:52:47 PM
To: DOH WSBOH
Cc:
Subject: FW: TAG meeting THurs. Feb. 17

External Email

Hello,

Here are my comments for the meeting.

It appears that there is only one point of view being offered in the BOH TAG agenda. It is tantamount to this issue that other expert information, research and data reporting be considered.

For example:

1.VAERS reporting system has received more reports of injury form the COVID19 vaccine in the last 12 months than they have receive in all of its 30 years of reporting all added together. These injuries include permanent disability, miscarriages and stillbirths, heart attacks, strokes, and deaths. Harvard U. estimates that these thousands of injuries are under-reported with only 1% reporting.

2.U.S. Senator Ron Johnson held a Senate inquiry, interviewing many family members of those injured and those who lost loved ones from taking this vaccine.

3. LAST but NOT LEAST: the Full Text of Dr. Malone, creator of mRNA, Statement (Dec. 15, 2021)

My name is Robert Malone, and I am speaking to you as a parent, grandparent, physician and scientist. I don't usually read from a prepared speech, but this is so important that I wanted to make sure that I get every single word and scientific fact correct.

I stand by this statement with a career dedicated to vaccine research and development. I'm vaccinated for COVID and I'm generally pro-vaccination. I have devoted my entire career to developing safe and effective ways to prevent and treat infectious diseases.

After this, I will be posting the text of this statement so you can share it with your friends and family.

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. [End of quote.]

Censorship of this and other legitimate dialogue and scientific reporting is an indication of you being afraid to let the truth out and to allow opposing data. It is a violation of freedom of speech and information. The WSBOH will be held responsible and accountable for their nefarious actions. It has been said that you are good people in a corrupt system. You have a choice to stand up, wake up to this or be a part of crimes against humanity...especially our children!

From: wyattfrancismichael@gmail.com
Sent: 2/24/2022 10:43:13 AM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Hello-

Unfortunately it is clear the 'experts!
' who have been selected to provide testimony will only give data to support vaccine mandates. I praise all of those who have voted noting they do not believe there is sufficient safe data to support the Covid 19 into the mandates list of vaccines. I hope that any TAG member having any doubt to please do the same. These vaccines have no long term study noting their safety and I doubt your personal consciences could withstand living either the regret have a haste decision you all are rushing into. Kids are the safest population to survive this illness and getting the antibodies into the system as a child increases the bodies ability to be strong later in life, with subsequent exposures.

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8556d0431a54c7e3a5508d9f7c581c>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvp5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8556d0431a54c7e3a5508d9f7c581c>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvp3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf8556d0431a54c7e3a5508d9f7c581c>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Kara Michael

Sent from my iPhone

From: Luke Chermak
Sent: 2/27/2022 10:09:04 AM
To: DOH WSBOH
Cc:
Subject: No COVID vaccination for children

External Email

Dear board of health,
The risk to children from COVID is extremely low and in fact lower than the other risks in life they go through daily. Please make a fact based decision on whether children need the COVID vaccination. Looking back in history there have been times when vaccinations have been given without the full studies being complete. Is this a time to take that chance when the risk is miniscule?

V/R,
Luke Chermak
Port Orchard WA

From: Schreiber, Tracy N (SBOH)
Sent: 2/16/2022 11:55:10 AM
To: DOH WSBOH
Cc:
Subject: FW: AGAINST VACCINE MANDATE

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Tuesday, February 15, 2022 9:02 AM
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: Mel
Sent: 2/18/2022 11:17:26 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Regarding consideration of Covid 19 in chapter 246-105 WAC

The definition of a vaccine is to produce immunity to a specific disease. This shot has proven not to do that so how can you even list it as a vaccine? Efficacy wanes at 2 months for J&J and 5 months for Pfizer and Moderna. Are you going to require children to get boosters at these intervals? Who and how much will it cost to monitor this?

This is an experimental protocol and one that has had no long term studies. It is not entirely safe or effective (people "vaccinated" are still getting and possibly spreading this disease, people have experienced vaccine injuries) Is the state going to be held legally responsible for vaccine injuries and deaths? What are the long term effects? We do not know. The evidence is not in.

Children generally do not experience severe symptoms from Covid and there is almost a 0% chance of death in a healthy child. If a child has pre-existing medical conditions then parents and doctors should decide if their child could benefit from the shot. Healthy children are more likely to die from a seasonal flu so who are you protecting?? What about children who have already had Covid? Do you plan on exempting them? Studies are showing it may cause more harm than good to get "vaccinated" after having Covid. Have you done your due diligence in obtaining clinical trial data on these "vaccines?" Probably not because no one will release it. You may want to review the lawsuit brought by Brook Jackson against Ventavia Research Group, Pfizer and Icon.

Finally I just say these "vaccines" are not safe nor effective. Other vaccines with safer profiles have been pulled (Rotavirus vaccine) and it makes no sense to vaccinate. Covid cases are waning and hospitalization is down and children are rarely affected. I cannot understand how anyone can think this is being done in a child's best interest. If you are really concerned with health I would like to see the government provide free vitamins and supplements and promote a healthy lifestyle. Thank you for listening.

Melanie Langei
Sent from my iPhone

From: Haag, Hannah R (SBOH)
Sent: 2/16/2022 10:48:41 AM
To: DOH WSB OH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:48 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Haag,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Jason Embick
Sent: 2/23/2022 9:32:03 AM
To:
Cc:
Subject: TAG - No vaccine mandates for schools!

External Email

Dear TAG Member-

I am strongly urging you to recommend NO for vaccine mandates for our children and schools. Please resist the public hysteria and Big Pharma lobbying machines, look at the science and data for kids, and ask yourself why would we force such a thing on our precious children? Zero kids 5-11 in the Pfizer clinical trial, either vaccinated or in the control group, had severe Covid symptoms. Per the published CDC data, less than 1/10th of 1 percent ($<0.10\%$) of people hospitalized with (not because of) COVID were kids 0-17, and even fewer died. Vaccinated people can spread the disease - look at what's happening now. And, we don't know the long-term side effects of this vaccine; it's just too early. Also, the drug companies cannot be sued for any deaths or adverse reactions to their products; ask yourself why?

Given all of this, how could you even consider mandating a vaccine on our children? Let the parents and their doctors decide!!!!

Sincerely, Jason Embick

From: Michelle Van Diest
Sent: 2/17/2022 12:23:32 PM
To: DOH WSBOH
Subject: Shot requirement

External Email

I am writing this as a parent because I believe it is wrong that this shot is being considered to be required for school. I believe it should be up to the parents of the child to determine if this is something that should be done.

I do not think there's enough data to show that kids are not being harmed by this. I have watched some of the presentations and I've heard them talk about older kids and numerous times say that there's not enough data yet to make a decision.

From what I understand, The "vaccine" approved (comeirity) is not the one being given, as it is not available in the US. The one that is under the EUA is the one being recommended. it seems to be a bait and switch. I have heard of people that went in to ask about the shot, and asked to specifically get the Comeerity one. They were told that one was not available in the country yet.

There are a lot of parents who have gotten their children vaccinated, it is their choice. It should not be a requirement as many kids are healthy.
I do not think there should be a "acceptable level" of adverse reactions, no adverse reactions are acceptable.

Please take parents opinions, thoughts and feelings into account when making this decision. I know my child would rather be in school with his friends but that may not be an option should this become required.

From: Michael Buff
Sent: 2/17/2022 3:31:48 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: Heidi Rudi
Sent: 2/17/2022 4:56:43 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: Carlin Flubacker
Sent: 2/22/2022 2:53:08 PM
To: DOH WSBOH
Cc:
Subject: Tag meeting

External Email

Hello,

I am confused. We all know that this vaccine does not stop transmission so why is it being considered to put on the schedule for fall? Not only will this create a situation in which people leave Washington state and the school system, but it creates confusion for what the rules will be. Will they be different if your child is not vaccinated?

What is the motivation? To reduce spread? Against the next variant? By mandating this vaccine? What data are you looking at to make that decision? This is an evolving virus.

We need some transparency here. Your goal is to get kids vaccinated. Our goal as parents to understand what a school year will look like based on the decision we feel most comfortable with after speaking with a physician. We need to know if they will lineup and fairly quickly. When can we expect this information to be public?

My hope is that you will recommend and not mandate until more actual solid data is available for the future of Covid 19.

Thank you.
June

Sent from my iPhone

From: shellbellemail
Sent: 2/24/2022 8:42:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Shelly Schweigert
Shellbellemail@aol.com

Sent from my T-Mobile 4G LTE Device

From: Rebecca Thompson
Sent: 2/17/2022 4:29:42 AM
To: Hannah Markham
Subject: It's time

External Email

This has gone on long enough! Time to let these kids be free. While thousands of people attended the Super Bowl maskless and shoulder to shoulder these kids are still going to school masked, social distancing and eating lunch in chairs without a table. This is abuse, and it is disgusting. I am sick of seeing these kids be treated this way. There is absolutely no reason for this to continue. People need to start pulling their children out of public school. These children are suffering at the hands of people who do not care for the well being of our children and the consequences it will impact on them for the rest of their lives.

REMOVE THE MASK MANDATES NOW!!!

On Wed, Feb 16, 2022 at 10:59 PM Hannah Markham
<wapasouthkingcounty@gmail.com <mailto:wapasouthkingcounty@gmail.com> >
wrote:

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

--

Rebecca Thompson

From: Betsie Elliott
Sent: 2/20/2022 12:23:42 PM
To: DOH WSBOH
Cc:
Subject: Comment for Immunization TAG



attachments\D0D19B0151B045B6_image_6483441.JPG

External Email

Strokes in kids is now being normalized because of the vaccine you want to push on children.

Oh and there are infographics normalizing heart attacks in children to.

TAG leadership let's disclose your financial interests. You all will be on the wrong side of history.

From: Keith Lorenz
Sent: 2/25/2022 1:51:40 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: Testify Online Survey
Sent: 2/16/2022 1:36:18 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:

criteria #1 #2 and #4 adding Covid-19 MRNA gene therapy to childhood and adolescent immunization schedule, is it safe and effective and acceptable levels of side effects

3.

Your Name:

Stephanie Olmstead

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

13306 SE 272nd ST Kent Wa 98042

7.

Email:

bambilovesdoc@live.com

8.

Phone Number (Include Area Code):

425-306-6271

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

Criteria #1 recommending the vaccine for childhood and adolescent immunization schedule. Criteria #2 is effective as measured by immunogenicity and population-based

prevention data in Washington State Criteria #4 is it safe and has an acceptable level of side effects.

11.

Are you Pro or Con on the proposal?

2. Con

Your board has admitted that the evidence does not support approving vaccines for children. There simply is not enough scientific evidence to even vote on the criteria. Dr. Kwan-Gett the so-called Chief Science Officer in the last meeting encouraged TAG members not to look at the evidence or lack of, but rather to simply vote yes or no based on opinion if an individual feels the criteria is met. The problem is several TAG members voiced confusion over wording of criteria and openly admitted that they could not in confidence vote yes or no due to how it was worded and due to lack of current evidence supporting the ability to make a yes or no vote. Dr. Eric Lofgren is an epidemiologist who also admits there is not a lot of evidence, if any to support vaccination in children. Admits that rates of myocarditis are high in vaccinated children. Then proceeds to mention that data can be taken from Universities and Colleges and extrapolated to children. He stated that this would essentially be fine, because 'there is not really anything magical about turning 18'. Anybody in the public would know that there is a stark difference between an adolescent and an individual 18 or over. It is shocking that a so-called epidemiologist would make such a claim. Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts. If the Board chooses to continue forward with these meetings I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

From: Robert Holte
Sent: 2/26/2022 2:47:41 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: Contact ICWA

Sent: 2/17/2022 8:52:01 PM

To: tao.kwan-gett@sboh.wa.gov, Kwan-Gett, Tao (DOH), DOH

WSBOH, TPendergrass@u.washington.edu, Abdelmalek, Dimyana

(DOHi), FBell@wcaap.org, Kcranfield, Helseth, Jennifer (DCYF), Annie

Hetzel, Bill.Kallappa@k12.wa.us, ALinares@peacehealth.org, TLocke@olympicmedical.org, glynch@oesd114.org, Martin

(K12), Jake@arcsno.org, londeck@nasn.org, crodriguez@pnwu.edu, shidane@somalihealthboard.org, benjamin

Secretary's Office, kallappa.bill@nisqually-

nsn.gov, BWilfond@u.washington.edu, fathersnetwork@arcsno.org

Cc:

Subject: Our response to all 9 Criteria



attachments\95F487FE2E664579_final ICWA to BOH and TAG on Criteria .pdf

External Email

Dear WA Board of Health TAG members,

On January 7, we submitted the attached PDF comment to the WA Board of Health and TAG members, but we cannot locate the PDF on the materials list with other comments on the website page for the Jan 12 meeting <https://sboh.wa.gov/meetings/meeting-information/meeting-information/materials/2022-01-12>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fmeetings%2Fmeeting-information%2Fmeeting-information%2Fmaterials%2F2022-01-12&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7c495f5128aa4fcb346a08d9f299ef0b%7C11d0e21>

In fact, the majority of the public comments on the January 12 meeting are not currently showing. At one point there were 9 groups of files totaling more than 40,000 pages from thousands of concerned parents in WA. Since our comment should be publicly available to TAG members who may be exploring the shots beyond what they are being shown in the presentations, we are sending our comment again directly to you.

We suggest that in order to hear perspectives you are not being shown in the TAG meeting, you watch Senator Ron Johnson's Second Opinion Round Table that took place on January 24 in WA D.C. Here is Sen. Johnson's website:

<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%2F2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022/1/video-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%7C7c495f5128aa4fcb346a08d9f299ef0b%7C11d0e21)

hours&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7c495f5128aa4fcb346a08d9f299ef0b%7C11d0e21 and the full Roundtable video <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%7C7c495f5128aa4fcb346a08d9f299ef0b%7C11d0e21)

opinion.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7c495f5128aa4fcb346a08d9f299ef0b%7C11d0e21

Sincerely,

The Board of ICWA

*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.

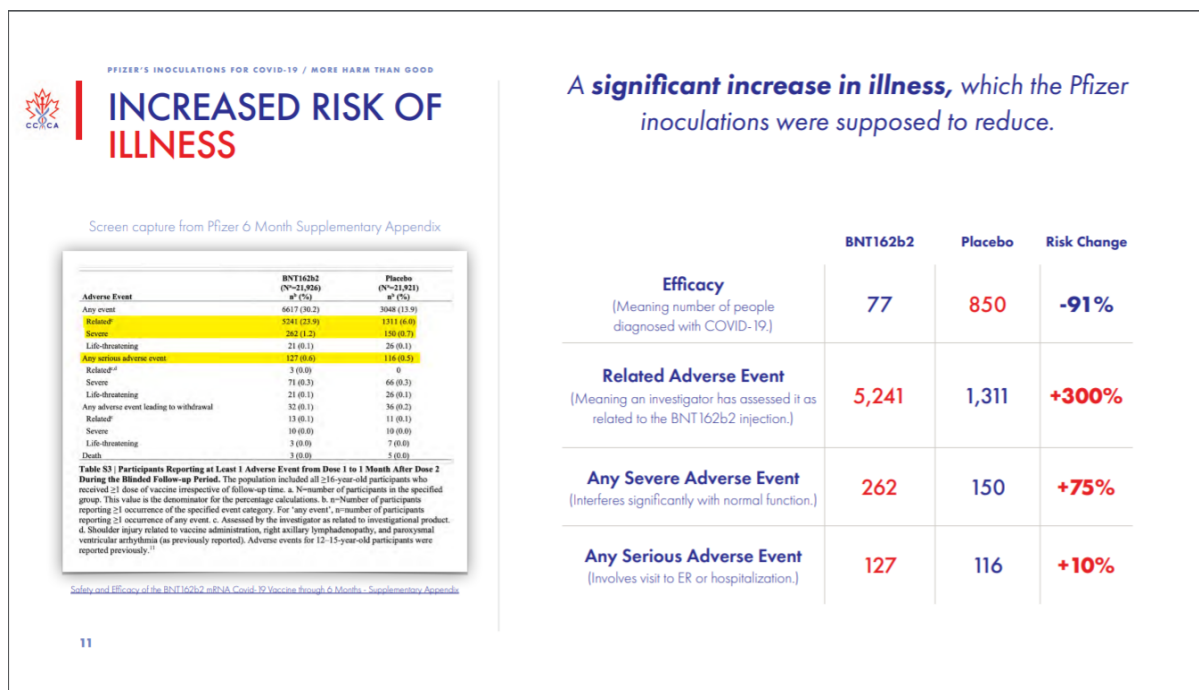
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

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.

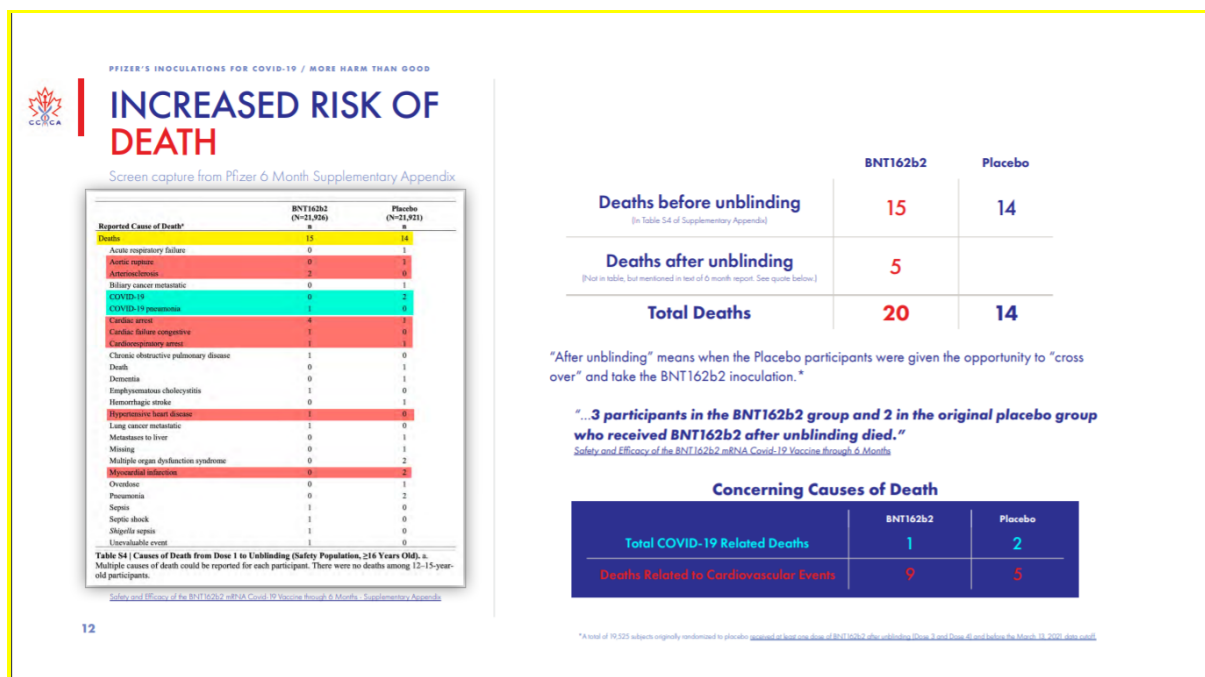
While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

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](https://worldcouncilforhealth.org/), 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: gary.grimnes
Sent: 2/19/2022 11:04:00 AM
To: DOH WSBOH
Cc:
Subject: Forced covid vaccinations on school aged children.

External Email

I am adamantly opposed to mandating vaccines for covid 19 on school aged children. This is a decision that should be made between a parent and their child's doctor after investigating the research. This vaccine has not been adequately tested and poses more of a risk then the virus itself. It is a basic and sacred parental human right to determine what is put into our bodies and the bodies of our children.
Gary Grimnes. Opposed!

Sent from my Verizon, Samsung Galaxy smartphone

From: Lynn Kaelin
Sent: 2/24/2022 9:45:57 PM
To: DOH WSBOH
Cc:
Subject: Shots

External Email

I do not want shots mandated for school.

Sent from my iPhone

From: Claire Brossmann
Sent: 2/18/2022 8:40:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

1. OPPOSE AGENDA # 8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for children of ANY age and indeed I oppose COVID-19 shot mandates!
2. SUPPORT AGENDA # 11, Informed Choice Washington's Petition for Rule making - this is item 11 on the agenda! This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), 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.
3. Parents should have rights to decide what medical products their children are given.

Claire Brossmann

From: Heather Kovacs
Sent: 2/25/2022 10:49:43 PM
To: DOH Secretary's Office
Cc:
Subject: No school covid vaccine mandate

External Email

To Our Leaders at WA DOH:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. It is still an experimental vaccine, there's not enough data to back a mandate, kids have nearly 100% survival rate, so it's all vaccine risk no benefit at this point.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

We will be looking to relocate out of state if this goes through.

Thank you.

Heather Kovacs
Maple Valley

Sent from my iPhone

From: Robert Holte
Sent: 2/26/2022 2:46:14 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: Pskowski, Samantha L (SBOH)
Sent: 2/23/2022 8:15:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Trisha Howarth <trishahowarth@gmail.com>
Sent: Wednesday, February 23, 2022 8:11 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children

in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: flagger38@hotmail.com
Sent: 2/17/2022 11:27:37 AM
To: DOH WSBOH
Cc:
Subject: Reject the Covid vaxx

External Email

Reject the covid vaxx mandates on our children. And all other mandates
Thank you

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 8:17:12 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination mandates

From: Jennifer Mercille <mercillelyons@yahoo.com>
Sent: Wednesday, February 16, 2022 5:39 PM
To: 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>; nathaniel.thai@sbohwa.gov
Subject: Covid 19 vaccination mandates

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 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. However there are plenty of short term studies that are already demonstrating harm to children from these vaccines.
- 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. Few are even falling ill at all.. my children have tested positive several times, and only became sick the first time. They are not at risk from the virus itself.
- The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID. My children have tested positive after being exposed to vaccinated individuals who were sick, more than once, and my children did not become ill. This demonstrates the inadequacy of the vaccine to prevent the spread of this virus.
- This is not a vaccine like the Measles, Mumps, Polio, whooping cough, Chicken Pox, etc, and it shouldn't be required just like the flu shot is not required. It demonstrably does not prevent the spread, and only minimizes the effects, at best.. that boils it down to a personal risk assessment, not a matter of public health.
- This should be a parent decision on whether a child should take the vaccine. It does not impact public health, therefore it is only the business of personal choice and personal risk analysis.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: givaroo@frontier.com
Sent: 2/16/2022 4:11:54 PM
To: DOH WSBOH
Cc:
Subject: Mandatory school age Covid shots

External Email

Please REJECT mandatory Covid vaccinations for school age children. Following the science means we take all factors into consideration, including the known and unknown possible side effects of this experimental vaccine on young people - who have very little risk from Covid exposure or transmission. More children died of flu last year, and yet we are not mandating flu shots.

These children cannot UNtake this vaccine if future years of experiments show higher risk. We already know the risk of myocarditis, which can lead to serious lifelong effects.

Thank you,

Kelly Givens
305 Pioneer Drive
Burlington, WA 98233

360-724-7344

From: Wendy Maynard
Sent: 2/25/2022 4:04:55 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: Jessica Brandt
Sent: 2/17/2022 2:02:14 PM
To: DOH WSBOH
Cc:
Subject: COVID Shot for our Children

External Email

It is baffling to me as a mother and a medical professional that we are even considering adding the mRNA genetic therapy for the Children's Vaccine Schedule.

As we now know, the genetic therapy being pushed as a "vaccine" is not effective in the reduction of infection rate.

The greatest concern for me is the lack of long term data in this new technology we are discussing injecting into our children. Let us not forget this "vaccine" did not go through the proper trials as other vaccines have. Children are not at risk for complications of COVID.

With the latest development of fraud involving the trial of the Pfizer vaccine I think it completely unacceptable that this shot is being considered for the Childhood Vaccine Schedule.

Best Regards,
Jessica Brandt, Mother and ARNP

From: Testify Online Survey
Sent: 2/28/2022 5:17:11 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 4,2022

2.

Agenda Item or Issue:

NO to mandating COVID19 shot/JAB for kids

3.

Your Name:

Katie SECRIST INPATIENT PEDIATRIC NURSE AT CWH

4.

Do you have a professional title?

1. Yes

RN, CPN, BSN

5.

Are you representing an organization?

2. No

6.

Address:

3850 Majeska Ln Cashmere WA 98815

7.

Email:

Ksecrist27@gmail.com

8.

Phone Number (Include Area Code):

509-860-5034

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

Mandating COVID 19 Shot for children in school- I VOTE NO

11.

Are you Pro or Con on the proposal?

2. Con

I am a pediatric nurse at CWH and we have hardly had any kids with COVID over the last 2 + years. I do not think we should mandate vaccinating/jab the children because if they are vaccinated they can still GET COVID and spread COVID. It doesn't seem effective and practical. We will consider pulling our kids out of school if this is mandated. Thank you - KATIE SECRIST MOTHER OF 3

From: Autumn Pease
Sent: 2/25/2022 1:13:54 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: Heidi Du Brey
Sent: 2/17/2022 1:33:19 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-105

External Email

It is time to stop killing our children with a "vaccination" that has not been proven safe and effective and is thoroughly destroying their immune systems. Proper discovery and research takes well over 10 years to develop, as you well know.

Dr. Toby Rogers did a risk-benefit analysis showing we'll kill 117 kids with the jab for every kid we "save" from COVID vaccines - aged 5 to 11 years.

This was never about public health...only about compliance. Covid shots will be added to the annual flu shot recommendation and added to the childhood vaccination schedule. Compliance and profit, are what drive health policies in the West/USA.

The novel Covid vaccine experiment is over. It's ending. It's failed.

The authorities know the truth as well as anyone else.

Stop the tag -n-bag!

From: Jim Jacobs
Sent: 2/24/2022 1:14:52 PM
To: DOH WSBOH,Reykdal, Chris
Cc:
Subject: NFSD Letter of Opposition regarding Covid Vaccine Mandate



attachments\6D2327AA49CA4060_NFSD Covid Vaccine Letter to Governor.pdf

External Email

Dear sir or ma'am,
Please find the attached letter of opposition from the board of directors of the North Franklin School District regarding the possibility of a mandatory k-12 Covid Vaccine.

--

Kids First, Education Always,

Jim Jacobs

Superintendent

North Franklin School District

509-234-2021

February 23, 2022

Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

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

Re: Covid Vaccine Mandate for K-12 Public School Students

Dear Governor Inslee and Washington State Board of Health,

According to the input we have received from our community and from our health and administrative professionals in the North Franklin School District, a Covid vaccination mandate would be extremely detrimental to the continued operations of the North Franklin School District.

The administrative and health professionals who work for our school district have already provided feedback that a vaccine mandate for k-12 public school students would create an unreasonable and insurmountable administrative burden. As you can see by the survey data included in this letter, over 65% of our community will seek exemptions for the vaccine mandate which will require exorbitant amounts of administrative and clerical time to create, offer, approve or deny, record and track. With that many exemptions, the mandate is not even technically a mandate.

If you were to mitigate this administrative burden by denying exemptions, then you would create irreversible distrust between our community and our public schools. This distrust would have a direct and immediate effect on school enrollment, which you can see from the survey data would cause a reduction in enrollment revenue that would devastate our school district.

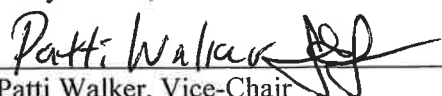
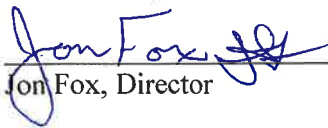

It is widely proven that vaccinated individuals can and do continue to transmit the virus. This fact was communicated by your offices over the last several months as you continued to mandate the masks due to the fact that the vaccine did not stop the transmission of the virus.

The North Franklin School District Board of Directors, with a large amount of input from the community we represent, would like to communicate that we support vaccinations in general, but stand firmly against a Covid vaccine mandate for k-12 public school students.

Sincerely,

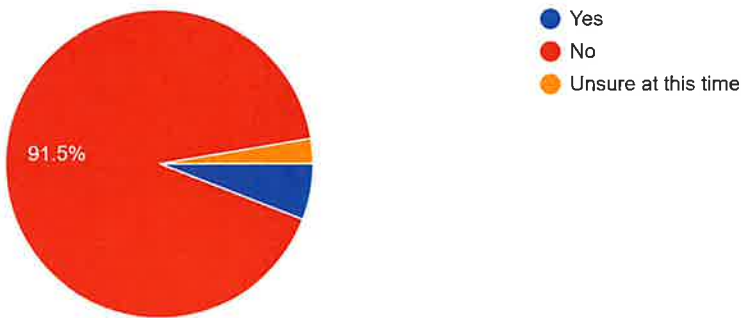

Jim Jacobs
Superintendent

NORTH FRANKLIN SCHOOL DISTRICT
BOARD OF DIRECTORS

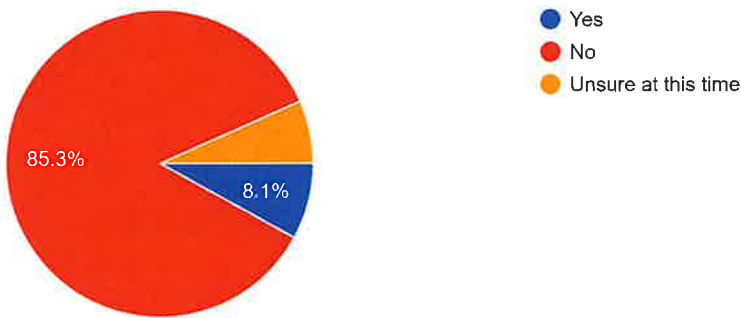

Terry Utecht, Board Chair
Patti Walker, Vice-Chair
Jon Fox, Director
Lori Mercer, Director
Pat Hailey, Director

Survey regarding possible vaccine mandate from state

Are you in favor of a Covid Vaccine requirement for children ages 5 and up to attend school?
423 responses

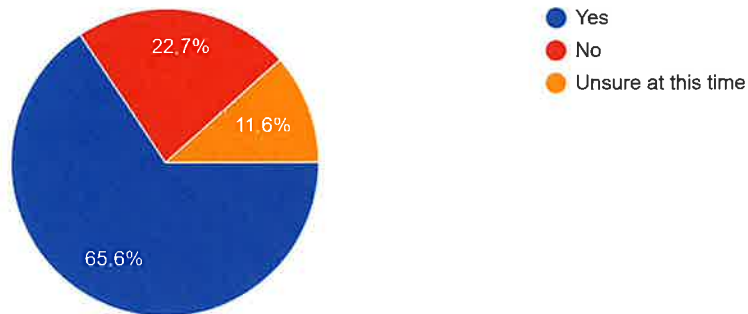


If the Governor mandates that children ages 5 and up must be vaccinated to attend school, will you vaccinate your children?
422 responses



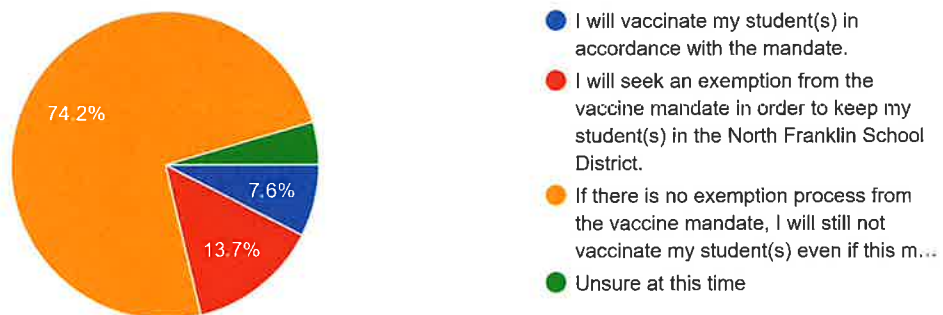
If the mandate includes an exemption process, will you seek to obtain an exemption for your child?

422 responses



If there is a vaccine mandate for students, what will be your course of action?

422 responses



From: Brogan Mitchell
Sent: 2/27/2022 9:01:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Wa State BOH,

I am extremely grateful to hear that the TAG members voted to NOT recommend the Covid 19 vaccination to be added to the list of required vaccines for school aged children. I encourage you to take their recommendation. If parents want to vaccinate, that is their decision. Parents know what is best for their children.

Again, the numbers and statistics show that children are not affected by Covid 19 like that of the high risk categories (multiple cormorbidities). In addition, the vaccine has not been around long enough or studied enough to know what effects will come a few years down the road or later in life. The number of deaths in children from Covid vs the number of myocarditis cases that has come from the vaccinating these young children is heartbreaking.

Please please DO NOT mandate the Covid 19 vaccine for WA public schools. I will remove all 3 of my children from public school if it becomes a mandate.

Thank you,

Brogan Mitchell

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: kim stephens
Sent: 2/24/2022 8:31:36 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I watched the 2/10/22 TAG meeting and was disappointed to see only a few invited professions of that field testifying. You should want to gather information from all ends of the medical professional spectrum that have experience and knowledge of COVID-19 issues. There are doctors that do not think the COVID-19 vaccination is right for children when weighing the risks and benefits. You should have wanted to hear their perspective and data also. Not just hearing the narrative of a few like-minded professionals.

I was concerned to hear the adverse effects basically being dismissed as a concern, pretty much glossed over. Any adverse reaction dealing with the heart should be taken seriously. And we don't know what the actual negative effects of Myocarditis in particular, will be in persons dealing with this adverse reaction. Even if they survive the initial issue, the damage has been done from the spike protein. Will scar tissue from that event cause future issues, we don't know. That's why it would be irresponsible to force parents to have their children vaccinated with this. The vaccine needs to go through the years long trials for safety, especially for children. This is still EUA. Let's not force children to participate in the trial study, that decision needs to be the parents.

The "emergency" part of COVID-19 is on its way out. Our state is dropping restrictions. A COVID-19 mandate for children to attend school is not needed. It was stated in your last meeting that WSBOH had declined to mandate one of the previous vaccines evaluated for school attendance. The COVID-19 vaccine is a perfect candidate for declining for mandated vaccination.

Wanted also to give my observation of your two criteria. Criteria #5 - the COVID-19 vaccine does not prevent disease, otherwise there would be no breakthrough cases. And criteria #6 - vaccinating does not necessarily reduce the transmission, in fact could possibly increase the amounts of transmissions. If the vaccine can make the symptoms more mild, people could likely be going out in public when they are infectious. Not realizing they are sick, and be infecting others.

Thank you for your consideration,

Kim Stephens

From: BWilkinson
Sent: 2/22/2022 11:09:54 AM
To: DOH WSBOH
Cc:
Subject: Mandated Covid shots

External Email

Dear Washington state board of health: I am writing to give you my opinion which opposes mandating the COVID-19 shot for elementary through high school students. I actually oppose a mandate for anyone having to get a medical procedure. However, in this case, I feel that from watching the first two TAG meetings, the only people who gave information were people who were already obviously in favor of the shot being on the list of requirements. In fact, Dr. Dunn is an award winner from the CDC for getting many kids vaccinated. That is a little bit like putting the fox in charge of the henhouse. If you had added people to your advisory group with information about more of the negative effects or adverse events following these shots, I feel like the group would've had a more well-rounded information base. I was appalled at how the statistics were handled. I used to teach elementary and middle school math, and I taught my students about misleading graphs. Then I watched your "experts" use typically misleading graphs. When there were negative events discussed associated with the shots, they were passed off as "not that bad", which isn't a viable statistical term. Please don't force this on our next generation.
Sent from my iPhone

From: Monica Keating
Sent: 2/26/2022 7:56:04 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: Katey Hebebrand
Sent: 2/22/2022 8:52:05 AM
To: DOH WSBOH
Cc:
Subject: Oppose the vax mandate

External Email

I oppose the vaccine mandate for the following reasons:

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. -this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19 -there are many documented cases of myocarditis in children, especially boys, related to the shots -the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Thank you

Katey Hebebrand

Sent from my iPhone

From: Donna Schubert
Sent: 2/17/2022 4:15:35 PM
To: DOH WSBOH
Cc:
Subject: NO

External Email

to whom it may concern:

Students should NOT have to receive the covid vaccination to attend school!!!!
I have worked in the school system for 19 years in Washington state. I believe this will hurt the public school system to require the vaccination and many families will pull their children from public instruction and if necessary from this state.

Sent from my iPhone

From: Danielle Ockerman
Sent: 2/23/2022 5:29:06 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My continual research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you from a informed and concerned parent,

Danielle Ockerman

From: Jon Borcharding
Sent: 2/23/2022 7:24:28 PM
To: DOH WSBOH
Cc:
Subject: TAG School and Childcare Immunization Requirements

External Email

As you consider mandating COVID 19 vaccine as part of the required vaccines for School and Childcare settings, it is vital that you have complete and accurate information.

A recent New York Times article indicates that you do not have complete and accurate information regarding many aspects of the mRNA injections for which you are considering mandates.

The headline below was copied from the NYT. It contains a link to the article.

I urge the TAG and Board NOT to take further action until a complete assessment of previously withheld data can be made. I remind you that informed consent requires transparency on a much higher level than we are currently experiencing from the CDC. I pray that you will do the right thing and delay this important decision.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fcdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc96659e5191c4d5724c008d9f7452201%7C11d>>

The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fcdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc96659e5191c4d5724c008d9f7452201%7C11d>>

The agency has withheld critical data on boosters, hospitalizations and, until recently, wastewater analyses.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fcdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc96659e5191c4d5724c008d9f7452201%7C11d>>

From: Lori Lorentz
Sent: 2/25/2022 5:13:13 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: Debra Wells

Sent: 2/17/2022 9:09:17 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: FDA put a pause on the covid 19 vaccine for young children until they have more data

External Email

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:

mandate vaccines. The risk of Myocarditis from the vaccine is way too high to

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%7Cf39cb00ab00a491faf5a08d9f23838eb%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%7Cf39cb00ab00a491faf5a08d9f23838eb%7C11d0>

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%7Cf39cb00ab00a491faf5a08d9f23838eb%7C11d0e21

– January 30, 2022

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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%7Cf39cb00ab00a491faf5a08d9f23838eb%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%2Fus%2Fweekly%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%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
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fus%2Fweekly%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.

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d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf39cb00ab00a491faf5a08d9f23838eb%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: ciree.martin
Sent: 2/24/2022 10:27:50 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Ciree Martin

Sent from my T-Mobile 4G LTE Device

From: Katy Kristensen

Sent: 2/21/2022 3:43:18 PM

To:

Dow.constantine@kingcounty.gov,dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery, MD (DOHi),Reykdal, Chris (DOHi),Miller, 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),Aultman, John (GOV),Phillips, Keith (GOV),Voris, Molly (GOV),Sawyer, Sheri (GOV),Davis, RaShelle (GOV),Serrano, Barbara (GOV),school.board@rentonschools.us,kentboard@kent.k12,joseph.Bento@kent.k12.wa.us,joseph.bento@kent.k12.wa.us,Secretary's Office,Kwan-Gett, Tao (DOH),Kwan-Gett, Tao (DOH)
Subject: Remove the mask mandate for schools too

External Email

Have you seen the videos of children in school districts all over the world rejoicing that they are no longer forced to keep their faces covered? The Johns Hopkins and many other reports show that masks have no effect. The efficacy of the masks is like a fly (virus) being kicked through a goal post (threads in the masks). We should have protected the vulnerable not killed the spirit of our children, the least vulnerable.

Do the right thing now.

The mandatory mask mandates for children needs to be lifted IMMEDIATELY.

Masks should be a choice. Children are suffering while the rest of the nation goes on live television as if Covid doesn't exist.

Subject: Equitable Regulations

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

Remove the mask mandates in schools effective immediately.

From: Haag, Hannah R (SBOH)
Sent: 2/24/2022 12:18:10 PM
To: DOH WSOH
Cc:
Subject: Fwd: Question

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Michael J Jelineo <michaeljelineo@protonmail.com>
Sent: Thursday, February 24, 2022 12:03 PM
To: Pskowski, Samantha L (SBOH); Haag, Hannah R (SBOH)
Subject: Question

External Email

Samantha & Hannah~

How can you support the "SO CALLED" COVID-19 Vaccine for Children? This VACCINE isn't a Vaccine its a GENE Therapy and is POISON to everyone including Children. You both are not qualified to be presenting this information and are helping push this PROPAGANDA about Vaccinating Children. The So Called Vaccine isn't FDA Approved, its still under an EUA. These MEETINGS have been FULL OF LIES and MISINFORMATION.

MJ

Vancouver/Clark County

Sent with ProtonMail

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

From: Daniel Forsman
Sent: 2/24/2022 11:41:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvoics-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvoics-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

[bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvoics-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

[tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

Reason 3: The Vaccine does not reduce transmission:

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

[transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06c57816e9dd4a90832a08d9f7cdad1)

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Sarah Forsman

Sent from my iPhone

From: Crystal Combs
Sent: 2/15/2022 12:02:12 PM
To: DOH WSBOH
Cc:
Subject: School vaccine mandates

External Email

This email is meant to inform of my request for the board NOT to require covid-19 vaccine to be required for schools. This will be met with a massive amount of parents pulling their children out of your school and even more people leaving this state.

Warm Regards,

Crystal Combs

From: DOH Information
Sent: 2/25/2022 4:34:55 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for K-12 comment



attachments\FEFE19F6B7B54B76_image002.png

Hello,

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 15, 2022 5:10 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:

Comment on the web

2.

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

I understand the DOH is considering making covid-19 vaccines mandatory for K-12 students to attend school. As a healthcare provider I oppose mandatory vaccines for school age children. I will join with others in opposition and begin home schooling if this happens.

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:

Lee

Email:

92pullman@gmail.com <mailto:92pullman@gmail.com>
Telephone:
(no answer)

5.

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

From: William Harris
Sent: 2/18/2022 1:07:17 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: DOH Information
Sent: 2/25/2022 5:31:12 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement, K-12 comment



attachments\8A3A9E8E08104E00_image002.png

Hello,

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: Friday, February 11, 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:

Other

2.

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

I am writing to request covid-19 vaccination NOT be added to required vaccinations for in person attendance of public schools prek-12th grade. Making this mandatory will NOT force most parents to vaccination. It will force parents to remove their children from public school attendance, thereby reducing enrollment numbers and funding that is based on enrollment. If this is made mandatory I will definitely unenroll my children, whether or not they are vaccinated against COVID-19 There is absolutely no basis for mandating school age children be vaccinated. They are at extremely low risk from this virus and adults working in schools have the option to protect themselves through their own vaccination and wearing of KN95 masks if they desire. This is absolutely unnecessary and potentially devastating. What will you tell the parents of the child who suffers myocardial from forced vaccination? What will you say to the parents of the child who dies from forced vaccination? Please do not do this. You would be forcing so many children out of their right to public education.

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:

Lacey Kogan

Email:

laceylouhoo@hotmail.com <mailto:laceylouhoo@hotmail.com>

Telephone:

5093664354

5.

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

laceylouhoo@hotmail.com <mailto:laceylouhoo@hotmail.com>

From: Michelle Farmer
Sent: 2/25/2022 6:42:42 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: Glasoe, Stuart D (SBOH)
Sent: 2/16/2022 3:13:26 PM
To: DOH WSBOH
Cc:
Subject: FW: Public Comment for State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Kurt Hatlestad <kmhatlestad@gmail.com>
Sent: Wednesday, February 16, 2022 3:06 PM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@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: 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

Sent from Mail

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

From: John Pavlick
Sent: 2/18/2022 9:32:13 AM
To: DOH WSOBH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

TAG members,

Unfortunately, I was unable to listen to the meeting yesterday since I have to work. I believe there are many concerned parents in the same situation. However, these meetings seem to be scheduled purposely to avoid public interest and feedback. Typical behavior of the current administration of this state and the nation these days. Since I couldn't listen in, I have no specific input. However, as I have stated before, we can easily remedy this situation, save everyone time and effort while doing what's best for the children:

LET THE PARENTS DECIDE WHAT IS BEST FOR THEIR CHILDREN.

IF THE PARENTS DECIDE TO VACCINATE THEIR CHILDREN FOR COVID, GOOD. IF THEY DECIDE NOT TO, GOOD.

I'm sure the cherry picked data and studies done on every age group but the one in question was referenced just like last time.

We already know this is not about the health and safety of the kids: it's about making money and keeping the teachers union happy.

Stop the madness.

Trying to "follow the science" of the protected (teachers) needing protection from the unprotected (kids) by forcing the unprotected (kids) to use the protection (covid vaccine) that doesn't protect the protected (teachers) is mind boggling and exhausting.

Stop trying to force a vaccine into children. They are doing quite well without it. Adult teachers need to grow a spine and learn to deal with it.

The FDA whistle blower case, the incident involving pediatric vaccinations in NYC and the series of undercover interviews with an FDA official done by Project Veritas would be valuable to the TAG I believe.

The interview with Dr Malone by Candace Owen's specifically about the pediatric covid vaccination should also be used.

I know these items I referenced will not be used by the TAG, but they should be.

Deliberately ignoring new and damaging information about the covid vaccine is not "following the science". It is adherence to dogma.

Leave our kids alone.

Sincerely,

John Pavlick

Concerned and frustrated parent

"To do evil, a human being must first of all believe that what he is doing is good."

- Alexander Solzhenitsyn

Get Outlook for Android

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

From: Estera Carp
Sent: 2/17/2022 6:58:31 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: Nathan Clark

Sent: 2/16/2022 10:27:31 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), Reykdal, Chris, LEG Support, ltgov@leg.wa.gov, jess.carter@mail.house.gov, Klippert, Brad, Boehnke, Matt, Shelley

Redinger, info@rsd.edu, Jill.oldson@rsd.edu, Kari.williams@rsd.edu, Audra.byrd@rsd.edu, Rick.jansons@rsd.edu

Amy, DR (DOHi)

Cc:

Subject: Re: vaccine mandate

External Email

To the WA State Board of Health, State Superintendent Reykdal, State Legislature, Lt Gov Habib, Dan Newhouse COS, Rep Sharon Brown, Rep Matt Boehnke, Rep Brad Klippert, RSD Superintendent Redinger, RSD School Board, Richland Mayor Lukson, Benton Franklin Health Dept:

My name is Nathan Clark and I am a nuclear engineer from West Richland. I served 5 years as an officer in the US Navy and graduated with a Master's from Penn State over 10 years ago. I have 5 children and a spouse who works as a Registered Nurse in home health care. I would like to share some deep convictions and strong feelings I have regarding the current state of our state.

My family has been protesting the mask mandate for several weeks now, particularly for our children. My biggest regret is that we didn't fight earlier. If I enumerate the negative consequences to my children from wearing masks, it would fill this email. So I will be succinct - mouth sores, kids encouraged to rat on each other, anxiety, lack of emotional cue recognition, excess CO2 inhalation, dizziness and faintness, and on and on. Please do not sit on this issue any longer! Stop enforcing and stop giving false power to schools and businesses to enforce wearing of masks. There are proven science and experts at Johns Hopkins and Harvard that recently (and I would argue over one year ago) denounced the efficacy and use of masks. DO NOT SIT ANY LONGER!!! GET A CLUE! I urge you to end the mandates!! The Richland School District recently voted to end the enforcement of masks. They should have been following your lead. Do the right thing and follow their lead!! DO IT NOW!!!

Regarding the Richland School Districts choice to end enforcement and go pro-choice masks, this was absolutely the right thing. State Superintendent Reykdal has a huge accounting to answer now. WHY IN THE H*** ARE YOU THREATENING FUNDS TO THE DISTRICT!! What a sick, fake, illegal manipulation to maintain your unjust, cruel, and illegal mandate against childrens and communities! You have our teachers, school board, and district scared for funding, to the point they are nearly outweighing the solid science of detriment to innocent children. Some of them are siding with the "this is illegal" card and have even cancelled classes so that we can figure out how to take our masks off if we want. I don't hold these teachers and district members fully accountable however. Their fear is guided by your tyranny and threats. The mandate may have been necessary according to the timing and knowledge that we had early on, but now the mandate must be revoked due to inadequacy. But we the people are not scared of the power because you don't actually wield it. We gave you the power as elected officials because we trusted you. But we don't anymore and we will take it back! The State Board of Health recent motions to mandate masks and vaccines was the next obvious step in power grabbing. You are enticed by money and greed, fake-credentialed doctors and pharmaceuticals. Your board questions last week were fake and pretended. You did not hold anyone to

accounting or ask any difficult or necessary questions. You, State Board of Health, are rolling over to the money and power. This is not the power you should hold. It is dangerous and wrong. I am so mad that we gave you this power! You are not going to continue with this power, we will take it back! That goes for you too Mr. Superintendent!

We will protest today and we will continue to protest until the false narratives are put down, the mandates are lifted, the future mandates are dropped, and as many of you are put out of your place as possible. You have stirred some hornets in their nest and while we may have been content to sit by and obediently follow, you have now lost our trust and you must be removed.

I hesitate to share personal thoughts with you, but suffice it to say I feel and know much differently than you do on issues regarding masks and vaccines. Please see my email below to the SBOH regarding my experiences with vaccines. To summarize that email, not everyone needs the vaccine. Not everyone needs protection. I hold the right to remain skeptical and the burden of proof and the safety of vaccines does not lie with me. I have been and will be held out of opportunities to fly, attend large gatherings, and in some places to eat at a restaurant due to my vaccination status. I am discriminated against at my workplace because of the mandate. I am the healthiest person at my place of employment! What a joke! What a tyranny you've created! There is a lot more anger and frustration in the vaccine question for many of us. If you want to hear more, continue down the current path you are on. If you are persuaded by your constituents you will find that you are wrong. 60-80% of the people I know are vehemently opposed to vaccine mandates. You will find that once the mask mandate issue settles down, you will receive a whole new wave of fights on this issue. Get smart. Get ready. The argument and pushback is coming your way!

Sincerely,
Nathan Clark

On Fri, Jan 7, 2022 at 11:08 AM Nathan Clark <clark.nathan@gmail.com
<mailto:clark.nathan@gmail.com> > wrote:

Dear WA State Health Officers:

Please do not be offended by my request. Concerning the meeting to decide on the vaccine requirement for school-aged children, I have a right to decide the health decisions our children make. Not you. Not anyone else. Please do the right thing.

Concerning the proposal to create an isolation facility for quarantine. Please see the Constitution. I have sworn to defend and protect the law. You should consider doing the same. Isolation facilities are wrong. You should know that. Ask Germany how it went for them. If you pass this legislation you are asking for severe repercussions for our society.

A little background about myself. I have a Masters Degree from Penn State and served 5 years in the US Navy. My wife is a registered nurse and we have 5 children. We have gone to extreme measures to make ourselves healthy and curb the spread of this virus. I know you don't believe in natural remedies because your positions are supported by the western medicine system and money, but we refrain from alcohol, illicit drugs, caffeine, sugar, and processed substances that take down our immune system. Two years ago we started a diet free from milk (only cultured dairy now), heavy carbs, and sugar. We use natural remedies to boost our immune system. We have been able to curb

all sicknesses we have gotten, 100%. I have seen it for myself. Western medicine would be disappointed, but fortunately the evidence for me is strong enough that I say with full persuasion that I don't need a vaccine. My religion asks I seek for answers and direction from God. I feel persuaded by my God that this is correct and true. Maybe vaccines are right for some people. Maybe most western civilization doesn't feel the need to research and set forth immune-boosting choices. They would rather be vaccinated, take a pill, or ignore the advice to get healthy. But that is not me. I reserve the right to remain skeptical, seek my own remedies, and fight this illness as I see fit.

Please do not require my children to be vaccinated. They have already been turned down for sports, jobs, and other opportunities may soon close for them. It isn't right. They are 100% the healthiest kids in their schools. They are active, bright, social, smart. Our young daughter is 2 years old. She is the only child who has not been vaccinated with ANY vaccines. She also eats an EXTREMELY healthy diet. Consequently, she is the only child of ours who has not developed major sickness and illness as a child. To list what our other children have experienced as young children - Celiac Disease, Food Protein Induced Enterocolitis Syndrome, iron deficiency anemia, runny noses, sickness 2-3 times per year, hospitalizations for Celiac, major food allergies (wheat, milk), neurological problems. Fortunately, almost all of these symptoms have miraculously resolved for our other children. Please consider what I just said - ALL OF THEIR SYMPTOMS AND SICKNESSES HAVE RESOLVED. I understand this is a hard concept to hear. The change in diet has required extensive and expensive changes to our way of living - cooking all our meals from scratch, etc. But the science and conclusion are clear for me and my wife. It has worked. Our 2 year old is the healthiest child in her peer groups in our community, she walked early, started speaking early, and NEVER gets runny noses or sicknesses.

Western medicine may not be too interested though. And since you listen to western medicine, I understand you will have to inform yourselves from their studies and recommendations. This is unfortunate. But please understand not everyone thinks and lives that way. There are alternatives that work. Some don't. You have to be careful. For us, we are both careful and prayerful. We know 8 personal friends that have experienced myocarditis, nose bleeds, and other symptoms from the vaccine. You can't take that knowledge away from me. It is not misinformation because I talked to them. It happened right after the vaccine before my eyes. All of my siblings and siblings-in-law (20-30 people) have developed COVID-19 after getting vaccinated. ALL of them. We are the only family members who have not been vaccinated and we have not experienced any symptoms. NONE.

Again, it may be right for some. But not for all. Please do the right thing. Let people educate themselves. Do not pass silly and Nazi-like laws to mandate vaccines and put people in quarantine camps who do not get vaccinated. We reserve the right to remain skeptical, not get vaccinated, and stay out of concentration camps.

This is forwarded to Dan Newhouse, and other local leaders and advocates.

Thank you,
Nathan Clark
West Richland, WA

From: Tammy Monson
Sent: 2/17/2022 9:24:59 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I strong oppose Washington State add the Covid shot to the list of immunizations to attend school. This is unnecessary as the illness does not effect the youth as it does those over the age of 60. Please do not pressure parents to inject their children in order to educate them. We as parents are the ultimate authority of what is suitable for our children's heath not the state.

I am asking you to vote no on adding this new shot the immunization requirements.

Thank you
Tammy Monson
5402 S Caballo Rd
Kennewick WA 99338

Sent from my iPhone

From: Red Tailhawk
Sent: 2/18/2022 10:08:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To the TAG members,

I am vehemently opposed to the Covid 19 vaccine requirement for school children. I believe the decision should be put off until the 23 /24 school year, at least by then the data on safety and effectiveness will be in.

It makes no sense to take the risk of vaccinating children against a disease caused by a virus that is of no risk to them.

In fact the only risk to them is the possibility of vaccine injury.

Please explain to me why you would create a vaccine requirement for children to learn in a classroom setting, that does not stop transmission, and wanes after only a few months. On top of the fact that no one takes responsibility for injury, not the manufacturers, and not YOU, but you can decide for people that their children have to be vaccinated and take that risk.

The risk/ benefit ratio is nil for benefit, there is no benefit to vaccinating children.

There is also no possibility for informed consent, there are no long-term studies, there are no monthly safety reports. This is incredibly irresponsible, where is the accountability? Any and every child that is vaccine injured because of a requirement you put in place will then be your fault. And it will not be the manufacturers that will be held accountable, it will be you, because the manufacturers are not requiring vaccines for children to go to school, you are the ones making that requirement.

Do the right thing and do not require mRNA vaccination for school admission.

Julie Nichols
425-737-3005

From: Kasie Warren

Sent: 2/17/2022 7:25:44 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: Equitable standards

External Email

If people can go unmasked at the superbowl, then our kids should be able to take their masks off at school! I work with kids with disabilities for the Auburn School District, and I have seen first hand, and do see every day the impact these masks have on our kids, but neurotypical, and neurodivergent. Kids struggle to understand emotions, kids are scared of other kids that may take their mask off at recess. I've seen it literally cause fights between kids, and that's just not right. Kids are scared to take their mask down to take a drink for fear of being punished by staff or peers. I've seen kids in PE asking to take a mask break or water break, and the reply was literally, "You will be back in class in 20 minutes, you can have a drink when you get there." This class had just finished 20 minutes of hard cardio, and would have indeed needed a drink, but since they are not allowed to bring drinks into PE, these kids are denied access to the simplest of requests.....A DRINK OF WATER!!!!

How is it logical, equitable, or ethical for thousands of people, including our own secretary of health, to attend the Super Bowl and be exposed to each other, largely maskless... while our children remain masked in schools around the same people they are exposed to EVERY DAY. A line has been crossed and it's clear what needs to be done. The mask mandate is obviously not being taken seriously elsewhere, and it's our kids who are suffering.

ENOUGH IS ENOUGH!!!!

Remove the mask mandates in schools effective immediately.

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Before forwarding email, as a courtesy to the sender & previous addressees...

PLEASE put all "Forwarded" Addresses in "BCC" and delete previous email address histories.This helps stop personal information from falling into the hands of spammers and spreading viruses.

From: Dawn Moler
Sent: 2/17/2022 1:24:34 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: Ann STREIT
Sent: 2/17/2022 4:18:24 PM
To: DOH WSBOH
Cc:
Subject: No mandated vaccines for children

External Email

This experimental vaccine is unnecessary and has proven harmful. See some facts below:

- * This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later. This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.
- * The vaccine presents more risk to children than Covid-19 There are many documented cases of myocarditis in children, especially boys, related to the shots
- * The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.
- * Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.
- * More kids have died from influenza in 1 year than from Covid; we don't require influenza shots

From: Hoff, Christy Curwick (DOH)
Sent: 2/16/2022 7:13:42 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccine mandatory for children

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

From: flothowpfc <flothowpfc@gmail.com>
Sent: Wednesday, February 16, 2022 5:34 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Do not make Covid vaccine mandatory for children

External Email

Do not make Covid mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!
We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius
7248 SE Nelson Rd
Olalla. Wa. 98359
Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Testify Online Survey
Sent: 2/16/2022 9:00:07 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 17,2022

2.

Agenda Item or Issue:

Covid vaccines for children

3.

Your Name:

Kelley Flaherty

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

722 Coho Way Bellingham WA 98225

7.

Email:

Kfmonkey78 @gmail.com

8.

Phone Number (Include Area Code):

360-920-3686

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 vaccines to the required schedule for school children

11.

Are you Pro or Con on the proposal?

2. Con

These gene therapy "vaccines" have not been studied for long-term safety, and in the short-term VAERS reporting shows a high number of side-effects and deaths. Personally I know people severely injured from these vaccines. Children very rarely die from Covid, and it unfair to subject them to these unproven products. Other countries have wisely decided against them for children. Also please consider the high incidence of heart problems, especially in young men. In addition, the pandemic may be soon over, once the omicron-b wave passes through.

From: Stafford, Benjamin L
Sent: 2/17/2022 6:14:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Feb 24th meeting

External Email

Please do NOT add the COVID-19 vaccine to WAC 246-105.

The vaccine is too old and wanes too quickly. Omicron is taking over. The risk in children is too low. And the long term data isn't there. Parents don't like this scenario.

Common sense suggests we should NOT add this vaccine to a required list.

I have 5 kids and I can tell you this, I will NEVER allow my children to be a lab rat. We adults don't need our children to get a jab to protect our community.

Let the adults take the risk.

Mandating this vaccine will cause an uproar and most of my friends, vaccinated and unvaccinated, are already saying they will pull their kids out of school if their kids are forced to get the jab.

Even the TAG's presentations have serious holes in these studies and do not include natural immunity. The CDC has even announced that COVID deaths reported over the last year are not accurate. Many died with existing morbidities and many were hospitalized WITH COVID and not BECAUSE of COVID.

Thank you for your time,

Ben Stafford

From: BradSarah Roth
Sent: 2/17/2022 6:15:05 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-19 Vaccination for school attendance

External Email

To whom it may concern:

It concerns me you are considering mandating Covid 19 shots for children to attend public schools. This decision is far reaching.

Many parents don't want to give their children a vaccine that is still under Emergency Use Authorization (EUA). Yes, Comirnaty was approved, but it is still not in production in the US. The label on the vials for children is still the Pfizer BioNtech, which is under EUA. That means it is not approved. A vaccine that is still considered experimental should not required on the stance of ethics.

If this shot is mandated, many parents will pull their children out of school. This will impact funding to the schools, lower numbers will impact the amount of staff schools need, thus teachers and support staff risk losing their jobs.

Children are the least impacted by COVID19. Natural immunity now while they are young protects them in the future against all new variants. This shot only protects against the original spike protein, which no longer exists.

If at a later date the experimental shot starts to cause problems in these children, you will be confident you kept safety in mind by not requiring the Covid shot.

As you can see, it's not in the best interest for the teachers or the children to mandate this shot to attend school.

Sarah

From: Cara Bork
Sent: 2/17/2022 1:41:37 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandates Criteria 1,2,4

External Email

I watched your meeting: State Board of Health Technical Advisory Group (TAG): COVID-19 Vaccine February 17, 2022 9:00 a.m. – 3:00 p.m

1. The emergency is over. The only vaccines available are under emergency use. How could you possibly consider recommending vaccines that are not licensed to our children. No for any age. And you should not support a mandate because it is illegal. Only the legislature can.
2. The vaccine available in the US has NOT been licensed as your slideshow states. Yes, the FDA licensed a Pfizer vaccine called Cormitnaty, but it is not in US.
3. The data provided in the meeting is deceiving because SARS vaccine was cancelled when 52 people died. The VAERS data is showing over 25,000 deaths from the Covid vaccine in the world.
4. All should be able to opt out even if it gets approved and licensed.
5. The vaccines are not keeping people from getting Covid nor spreading Covid.

Thank you for your hard work on this. Stay strong. NO recommendation to use an experimental medical treatment.

Cara Bork
Teacher
Olympia WA

From: Kevin Boldt
Sent: 2/18/2022 2:55:15 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: Google Alerts
Sent: 2/26/2022 11:03:33 AM
To: DOH WSBOH
Cc:
Subject: Google Alert - washington state board of health

External Email

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%3Fso>

washington state board of health
Daily update □February 26, 2022

NEWS

State disciplines health care providers | DOH
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DOH
OLYMPIA -- The Washington State Department of Health has taken disciplinary actions or withdrawn charges against the following health care ...

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Opinion: No COVID-19 vaccine requirement for children, a state advisory group recommends

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ClarkCountyToday.com

Elizabeth Hovde of the Washington Policy Center discusses the issue, which now is in the

hands of the State Board of Health. Elizabeth Hovde

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshno-covid-19-vaccine-requirement-for-children-a-state-advisory-group-recommends%2F%26ss%3Dfb%26rt%3DOpinion%3A%2BNo%2BCOVID-19%2Bvaccine%2Brequirement%2Bfor%2Bchildren%2C%2Ba%2Bstate%2Badvisory%2Bgroup%2Brecomr>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshno-covid-19-vaccine-requirement-for-children-a-state-advisory-group-recommends%2F%26ss%3Dtw%26rt%3DOpinion%3A%2BNo%2BCOVID-19%2Bvaccine%2Brequirement%2Bfor%2Bchildren%2C%2Ba%2Bstate%2Badvisory%2Bgroup%2Brecomr>

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Washington Department of Health reports 30% of kids 5-11 are fully vaccinated - KXLY

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Fdepartment-of-health-reports-30-of-kids-5-11-are-fully-vaccinated%2F%26ct%3Dga%26cd%3DCAEYAioTMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND>

KXLY

— With the Washington mask mandate lifting on March 21, many wonder if schools will return back to normal by then. According to the Washington State ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshdepartment-of-health-reports-30-of-kids-5-11-are-fully-vaccinated%2F%26ss%3Dfb%26rt%3DWashington%2BDepartment%2Bof%2BHealth%2Breports%2B30%11%2Bare%2Bfully%2Bvaccinated%2B-%2BKXLY%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjIhMjUyZWZiZjlkOmNvbTljbjpVUw%3D>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshdepartment-of-health-reports-30-of-kids-5-11-are-fully-vaccinated%2F%26ss%3Dtw%26rt%3DWashington%2BDepartment%2Bof%2BHealth%2Breports%2B30%11%2Bare%2Bfully%2Bvaccinated%2B-%2BKXLY%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjIhMjUyZWZiZjlkOmNvbTljbjpVUw%3D>

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Wash. Board of Health's technical advisory group decides not to recommend requiring ... - KXLY

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vaccine-for-
students%2F%26ct%3Dga%26cd%3DCAEYAyoTMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY
Gq8x4ZGXQ-
49GCw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4bf3220b2ae14fd1dbc308d9f95a6f22%7C11d0e2

KXLY

OLYMPIA, Wash.– The Washington Board of Health's technical advisory group looking into adding the COVID-19 vaccine to the state's list of required ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
board-of-healths-technical-advisory-group-decides-not-to-recommend-requiring-covid-
vaccine-for-
students%2F%26ss%3Dfb%26rt%3DWash.%2BBoard%2Bof%2BHealth%2527s%2Btechnical%2Badvisory
%2BKXLY%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjlhMjUyZWZiZjkOmNvbTplbjpVUw%2

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
board-of-healths-technical-advisory-group-decides-not-to-recommend-requiring-covid-
vaccine-for-
students%2F%26ss%3Dtw%26rt%3DWash.%2BBoard%2Bof%2BHealth%2527s%2Btechnical%2Badvisory
%2BKXLY%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjlhMjUyZWZiZjkOmNvbTplbjpVUw%2

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board-of-healths-technical-advisory-group-decides-not-to-recommend-requiring-covid-
vaccine-for-
students%2F%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY

No COVID-19 vaccine requirement for children, a state advisory group recommends

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covid-19-vaccine-requirement-for-children-a-state-advisory-group-
recommends%26ss%3Dfb%26rt%3DNo%2BCOVID-
19%2Bvaccine%2Brecommendation%2Bfor%2Bchildren%2C%2Ba%2Bstate%2Badvisory%2Bgroup%2Brecommends%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY

Washington Policy Center

A Washington State Board of Health technical advisory group voted narrowly against recommending that a COVID-19 vaccine be added as a requirement ...

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covid-19-vaccine-requirement-for-children-a-state-advisory-group-
recommends%26ss%3Dfb%26rt%3DNo%2BCOVID-
19%2Bvaccine%2Brecommendation%2Bfor%2Bchildren%2C%2Ba%2Bstate%2Badvisory%2Bgroup%2Brecommends%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
covid-19-vaccine-requirement-for-children-a-state-advisory-group-
recommends%26ss%3Dtw%26rt%3DNo%2BCOVID-
19%2Bvaccine%2Brecommendation%2Bfor%2Bchildren%2C%2Ba%2Bstate%2Badvisory%2Bgroup%2Brecommends%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY

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recommends%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0Njk5NTIaND3YzI5YTI1MmVmY

MyNorthwest.com

advisory-group-votes-against-covid-vaccine-

MyNorthwest.com

A special technical advisory group voted not to recommend the state Board of Health add the COVID-19 vaccine to required vaccinations for K-12 ...

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Tri-City Herald

The state Board of Health has put together a group of people drawn from educators, health experts and members of the public to review whether COVID ...

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The issue now goes to the State Board of Health. KUOW's Kim Malcolm spoke to reporter Kate Walters about the decision. More. health 978.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
advisory-group-votes-against-adding-covid-vaccination-to-wa-schools-requirement-
list%26ss%3Dtw%26rt%3DState%2Badvisory%2Bgroup%2Bvotes%2Bagainst%2Badding%2BCovid%2Bva
%2BKUOW%26cd%3DKhMyMzAzNtk1MjcyNDUxNTQ2OTk1Mho0MDdjMjlhMjUyZWZiZjkOmNvbTplbjpVUw%

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
peninsula-hospitals-hospital-staffing-bill-threatens-rural-health-
care%2F%26ct%3Dga%26cd%3DCAEYCCoTMjMwMzU5NTI3MjQ1MTU0Njk5NTIaNDk3YzI5YTI1MmVmYmY5

"We've already closed critical services and had to send ambulances away from our Emergency Department for days during the pandemic due to lack of ...

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Washington health care prices rose at double the rate of inflation, OIC reports - State of ...

State of Reform

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health-care-prices-rose-at-double-the-rate-of-inflation-oic-
reports%2F%26ss%3Dfb%26rt%3DWashington%2Bhealth%2Bcare%2Bprices%2Brose%2Bat%2Bdouble%
%2BState%2Bof%2B...%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjJhMjUyZWZiZjlkOmNvN...

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health-care-prices-rose-at-double-the-rate-of-inflation-oic-
reports%2F%26ss%3Dtw%26rt%3DWashington%2Bhealth%2Bcare%2Bprices%2Brose%2Bat%2Bdouble%
%2BState%2Bof%2B...%26cd%3DKhMyMzAzNTk1MjcyNDUxNTQ2OTk1Mho0MDdjMjJhMjUyZWZiZjlkOmNvN...

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health-care-prices-rose-at-double-the-rate-of-inflation-oic-
reports%2F%26source%3Dalertsmailto%26hl%3Den%26gl%3DUS%26msgid%3DMjMwMzU5NTI3MjQ1MTU0

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From: Tanja Dyches
Sent: 2/18/2022 10:44:28 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I do not believe that it is necessary to include covid vaccines in the vaccine requirements for children to go to school. If these vaccines will be included in the vaccines required for children to go to school I will research and pull my children out of the school district and homeschool there are several great homeschooling options out there that can accommodate me and my children. I will not subject my children to a vaccine that does not fully protect them. The covid vaccines have proved time and time again that you still can get covid you can still pass covid and that it does not completely minimize the symptoms either. If you come up with a vaccine for covid that is improved and the research has been out for 10 plus years then I will consider getting my children vaccinated but until that time I will not do so and I will not be forced to do so either.

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 6:43:46 PM
To: DOH WSBOH
Cc:
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: Dan
Sent: 2/17/2022 4:04:29 PM
To: DOH WSOB
Cc:
Subject: Reject Covid 'vaccine' for Children that offer ZERO immunity only harm or death

External Email

Board of Health?

These injections are NOT vaccines and offer zero immunity, especially for children which are under NO risk from Covid.

Items 1,2 & 3 below all make reference to the 'importance' of the vaccine "antigen" when in fact it's extremely problematic. A Health Public Policy Nightmare "Vaccine spike antigen and mRNA persist" <https://rwmalonemd.substack.com/p/a-health-public-policy-nightmare?r=smiha>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp/a-health-public-policy-nightmare%3Fr%3Dsmiha&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78b77fb9a4d14a60566208d9f>>
SUMMARY:

We find that BNT162b2 vaccination produces IgG responses to spike and RBD at concentrations as high as those of severely ill COVID-19 patients and follows a similar time course. Unlike infection, which stimulates robust but short-lived IgM and IgA responses, vaccination shows a pronounced bias for IgG production even at early time point

Read that again: Protein production of spike is higher than those of severely ill COVID-19 patients!

They claim that these Covid injections has an "acceptable level of side effects". Never mind that over 23,000 have died and over 1 Million have been injured by these EUA injections.

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2F>>

Over 1000 Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients

https://herstelderepubliek.files.wordpress.com/2022/02/updated_peer_reviewed_medical_papers_submitted

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fherstelderepubliek.files.wordpress.com/2022/02/updated_peer_reviewed_medical_papers_submitted>

1. Deaths among Triple Vaccinated increased by 495% in January with the Vaccinated accounting for 4 in every 5 Covid-19 Cases, Hospitalisations & Deaths since December, <https://dailyexpose.uk/2022/02/11/triple-vax-deaths-increase-by-495-percent-pandemic-fully-vaccinated/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2022%2F02%2Fvax-deaths-increase-by-495-percent-pandemic-fully-vaccinated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78b77fb9a4d14a60566208d9f271ceff%7C11d0e>

2. Safe & Effective? 649 Athlete Cardiac Arrests, Serious Issues, 404 Dead, After COVID Shot <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%7C78b77fb9a4d14a60566208d9f271ceff%7C11d0e>

3. Murder: Two Young Boys Found Dead in Bed after Second Pfizer Shot <https://rairfoundation.com/murder-two-young-boys-found-dead-in-bed-after-second-pfizer-shot/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frairfoundation.com%2Fmurder-two-young-boys-found-dead-in-bed-after-second-pfizer-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78b77fb9a4d14a60566208d9f271ceff%7C11d0e>

4. Dr. Robert Malone: A Health Public Policy Nightmare, Vaccine spike antigen and mRNA persist https://rwmalonemd.substack.com/p/a-health-public-policy-nightmare?r=smiha&utm_source=url

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp/a-health-public-policy-nightmare%3Fr%3Dsmiha%26utm_source%3Durl&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78b77fb9a4d14a60566208d9f271ceff%7C11d0e

Dan

On 2/10/2022 12:03 PM, Dan wrote:

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?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%7C78b77fb9a4d14a60566208d9f271ceff%7C11d0e21>

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%7C78b77fb9a4d14a60566208d9f271ceff%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>

4c6d-4b34-941a-

8b18a2fb2b1a&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78b77fb9a4d14a60566208d9f271ceff%7C

<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/news/bayer-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%7C78b77fb9a4d14a60566208d9f271ceff%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%7C78b77fb9a4d14a60566208d9f271ceff%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%7C78b77fb9a4d14a60566208d9f271ceff%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: Destiney Tompkins
Sent: 2/24/2022 11:07:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

Please take the time to open the included links.

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f8422a15fb54acf9ff308d9f7c8e6d3>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f8422a15fb54acf9ff308d9f7c8e6d3>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f8422a15fb54acf9ff308d9f7c8e6d3>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,
Destiney Tompkins

From: mary nelson
Sent: 2/19/2022 11:36:36 AM
To: DOH WSBOH
Cc:
Subject: Childhood covid vaccines

External Email

Dear Dept of Health

There is so much research outside of the US about the covid vac that says its not helpful and potentially harmful. There is even research within the US if you are willing to read it. Do you see all the adult athletes that have died or are permanently injured post vaccine? These are people that are in the prime of there life and healthy individuals. They should not be getting clots and myocardial damage from there everyday activities. Its post vaccine that these incidents happen. If you go through with a vaccine mandate for schools, there WILL be a mass exodus from schools. Is that really what you want? The school numbers are already down, that is research you can pull yourself from the public school system due to mandates. Many countries are pulling vaccine mandates because they are seeing that lack of help that was promised. .

Sincerely Mary Nelson

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Debra Papenthien
Sent: 2/17/2022 10:18:58 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 injections as part of school immunization requirements using WAC 246-105.

External Email

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

I want to see the peer review documents!

THIS IS A SCAM TO KEEP PHARMACEUTICALS ROLLING IN MONEY AT OUR EXPENSE!

Debra Papenthien
debrapapenthien@gmail.com <mailto:debrapapenthien@gmail.com>
Marysville WA 98270
4252688892

From: Russ Opthof
Sent: 2/20/2022 3:01:28 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe mandates are wrong.

From: DOH Information
Sent: 2/25/2022 5:13:31 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement comment



attachments\3D3057F5C49F465B_image002.png

Hello,

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: Monday, February 14, 2022 1:41 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:

No vaccine mandate for schools! I will pull all 3 of my children from public schools if the mandate is passed.

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:

Laura

Email:

lmoreau591@gmail.com <mailto:lmoreau591@gmail.com>

Telephone:

(no answer)

5.

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

lmoreau591@gmail.com <mailto:lmoreau591@gmail.com>

From: L P
Sent: 2/24/2022 5:25:58 PM
To: Thai, Nathaniel J (SBOH), 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), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH
Cc:
Subject: Re: Parent AGAINST mandating the covid vaccine for children

External Email

I understand that the public health is still considering whether or not to require covid vaccination for children to enter school. Please see my message below, detailing my reasons for allowing parents in consultation with their child's doctor to decide whether or not children should be vaccinated.

In addition, please consider that the spacing for doses is currently in flux (8 week interval may be optimal), non-mRNA vaccines are currently being considered for approval in the US (Novavax and others), and prior infection produces robust immunity in children even when they are asymptomatic (UK antibody studies June 2020).

I hope that public health realizes that much trust has been lost over the past two years. Allowing parents to have some decision making power for their children's health in regards to covid, may go a long way towards re-establishing trust.

Thank you for your time.
Leanna Pan
(Parent to 3 young children in Seattle Public Schools)

On Tue, Feb 8, 2022 at 10:33 AM L P <leanna.woods@gmail.com>
<mailto:leanna.woods@gmail.com> > wrote:

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%2F10.1101%2F2021.11.30.21267048v1>
)

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>
)

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 your time and consideration.

Sincerely,
Leanna Pan
(mother to three young children in Seattle)

From: Guy Wilson
Sent: 2/17/2022 7:59:21 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for anyone

External Email

Forced vaccines on kids is simply cruel! Please stop this mandate on our future generation ! We have the god given right to decide what we and our children put into there bodies! Thank you

Sent from my iPhone

From: Ian Fouts
Sent: 2/25/2022 5:33:33 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: Jennifer Zehrung
Sent: 2/24/2022 9:36:48 AM
To: DOH WSBOH
Cc:
Subject: RE: Immunization Schedule

External Email

My family and I are completely against making this vaccine part of the child schedule. There is not enough long-term studies on the impact and affects of this vaccine. He will have a revolt of parents if you go ahead and do this. You will also have injury and out of those reactions on your hands. I don't know how you people sleep at night. We need all the data released from the CDC That they are withholding. You cannot basic decision on data that hasn't been presented.

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Write2nataly
Sent: 2/25/2022 11:34:05 PM
To: DOH Secretary's Office
Cc:
Subject: Mandatory vaccines

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: SRHD-PIO
Sent: 2/23/2022 9:02:26 AM
To: SRHD-PIO
Cc:
Subject: JIS Media Q&A February 23, 2022



attachments\86A249156AFD475F_Outlook-z0nspjkx.jpg



attachments\34B919E065754DFE_Outlook-0cm105n4.jpg



attachments\49FA746ADE42462F_COV Recover Header (not press release).jpg



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attachments\8394CE93BAE84957_Outlook-my1s5wp2.jpg

External Email

During today's Facebook Live, Health Officer Dr. Francisco Velazquez present a new segment of "Just the Facts." He will address your questions about why the authorization of the Pfizer vaccine for young children was postponed, review the timeline for the lifting of state mandates, and provide insight on the Omicron sub lineage, BA.2.

SRHD is inviting you to a scheduled Zoom meeting.

Topic: JIS - Media Q & A ☐

Time: This is a recurring meeting 10:30 AM Pacific Time (US and Canada) ☐

Every week on Wednesday

☐

Join Zoom Meeting ☐

<https://zoom.us/j/96426401466?pwd=aERvWCtUWGVLamhUNG5lNnJ5NnpYQT09>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fzoom.us%2Fj%2F96426401466%2F>

☐

Meeting ID: 964 2640 1466 ☐

Password: 153707 ☐

One tap mobile ☐

+12532158782,,96426401466#,,,0#,,153707# US (Tacoma) ☐

+13462487799,,96426401466#,,,0#,,153707# US (Houston) ☐

☐

Dial by your location□

+1 253 215 8782 US (Tacoma)□

+1 346 248 7799 US (Houston)□

+1 669 900 6833 US (San Jose)□

+1 301 715 8592 US (Germantown)□

+1 312 626 6799 US (Chicago)□

+1 929 205 6099 US (New York)□

Meeting ID: 964 2640 1466□

Password: 153707□

Find your local number: <https://zoom.us/j/aiMLByTH1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fzoom.us%2Fu%2FaiMLByTH1&data=04%7C0>

Kelli Hawkins | PIO/Public Information & Government Relations Manager | Administration

Spokane Regional Health District

Direct: 509.324.1539| Cell: 509.994.8968

khawkins@srhd.org <<mailto:khawkins@srhd.org>> | srhd.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.srhd.org%2F&data=04%7C0>

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From: Peggie Moreno-Loré
Sent: 2/17/2022 2:37:46 PM
To: DOH WSBOH
Cc:
Subject: Concerned citizen

External Email

I have been in the meetings on the 10th and 17th. I am extremely concerned with the information that has been presented thus far. I am not sure how the members of this group are picked. However, I had hoped that the information wouldn't be completely one sided.

I have questions and concerns regarding the Technical Advisory Group. First, how were the people chosen who are a part of this group? Second, the information has been clearly only information that leans us toward choosing to mandates vaccines for our children. Also, there is so much fact based information that has been left out. One example, when your presenters mention how overrun the hospitals are in Washington state, they conveniently leave out the fact that hundreds upon hundreds of hospital employees were let go at the end of last year because they chose not to get the vaccine. The same nurses that worked tirelessly through the "pandemic". Unvaccinated.

During the first meeting, I noticed that there were a handful of the team members that said they would have a hard time voting yes based on the 2 criteria that was set before them. Then, because there is a sense of safety in anonymity, all panelists voted yes on criteria #5.

Another huge concern is the second day full of presenters watering down the effect of myocarditis. It's utterly disgusting that this team, or any team for that matter, would speak so flippant regarding this serious medical condition. This condition that is brought on by a vaccination that has not been around long enough for us to be able to safely say that our children should be forced to be injected with it.

We are watching and taking note of these meetings. We are getting the word out on how these proceedings are being handled. And we are aware that you are not working for the good of the people. Rather the money. We are awake and we are paying attention!

Best regards,
Peggie Moreno-Loré

From: Kim Hooper
Sent: 2/17/2022 1:56:45 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID vaccines for children

External Email

Washington State Board of Health,

I sincerely appreciate the opportunity to voice my concerns about this 'proposition'. Washington has once again proven to overstep their boundaries. Please keep in mind I am not anti-vaccine however, I cannot believe that forcing this vaccine on children is being brought to the table.

First, the numbers prove that COVID transmissions are in decline. Second, children have never been a high risk for catching and or transmitting COVID. Furthermore, I think there just is not enough data on the vaccine and what affects it may have on children in the long term.

I moved from California to Washington in 2007 and in that time I have seen nothing but tax increases, crime increases and political nonsense.

My children are grown but I do in fact have a 5-year-old granddaughter. Thankfully, we have been able to keep her in a private school until now. If this mandate goes through, we will make every effort to find an affordable alternative to the public school system. It is so sad to see that a state mandate would put such a stressful and financial burden on the average income households.

Why can't you understand that people don't want to be forced to do something? It has been two years since this pandemic outbreak, if people are still not vaccinated it is THEIR CHOICE! (not the states).

Regards,

Kim Hooper

173 Spath Road

Sequim, WA 98382

From: Trevor Galey
Sent: 2/24/2022 9:48:10 AM
To: DOH WSBOH
Cc:
Subject: school vaccination meeting 2/24/2022

External Email

I am a parent of two students currently attending private school in Washington State. This is a comment on the potential to add COVID-19 vaccination as a requirement for entry into schools in Washington State.

Even though I have heard nothing related to natural immunity of the community nor the exceedingly high rates of adverse effects reported by the CDC and compiled in VAERS data, I assume that these things will weigh heavily in your decision not to include COVID-19 vaccination as a requirement for school admission.

The high potential for long term, permanent, and serious damages related to many of these vaccines will result in good parents choosing to remove their children from the school districts rather than subject their children to those potential damages. The safety of the children comes first. The data related to the safety and efficacy of the vaccines when compared to the viral damage risk to those 18 and under is, at this time, not pointing to a scenario in which the state should be considering attempting to force them upon the children of the state. Clearly a case where the "cure" is worse than the disease.

I stand firm and unwavering in my opposition to any COVID-19 vaccine being required by the state for entrance into school and particularly the private school system.

Trevor Galey

From: Pskowski, Samantha L (SBOH)
Sent: 2/16/2022 7:59:08 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccine mandatory for children

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:35 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Do not make Covid vaccine mandatory for children

External Email

Do not make Covid mandatory for school age children.

Remember that these Covid vaccines are:

1) under Emergency Use Authorization and are still Experimental.

2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.

3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <mailto:Flothow@hotmail.com>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Stephen Harder
Sent: 2/17/2022 1:46:24 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: Wendy davis
Sent: 2/16/2022 4:25:28 PM
To: DOH WSBOH
Cc:
Subject: Covid shots for kids

External Email

To whom it may concern,

Please do not mandate this shot for our school children. These are still mainly EUA products that do not have anywhere near the long term data that we need to have to say they are safe in our children. We have not completed the necessary, rigorous studies that we have always demanded in products in the past. We are no longer in an emergency situation, we now know who is at risk of death and complications from this virus, and it is not our children it is the elderly and those with underlying conditions. This is a shot, like the Flu shot, that parents should have the option of choosing for their children AFTER all rigorous studies have been completed and all data analyzed.

There is undeniable data that exists that shows side effects and damage from these shots, especially myocarditis in boys and young men. Given the small number of children in the studies and the short time frame of the studies, we do not have the true data on the actual risk to this population.

Please look at all the true information now available and the actual risk this virus is for children. If you do this the only answer that you can come to is to NOT recommend this shot be added to the list of required childhood vaccinations.

Sincerely,
Wendy Davis

Sent from my iPhone

From: Ann Bardell
Sent: 2/15/2022 11:03:47 AM
To: DOH WSBOH,Ann Bardell
Cc:
Subject: Feb. 17 TAG Meeting Announcement

External Email

To the TAG team,
PLEASE read all of the VEARS reports on how COVID vaccine is affecting 0-18year olds!!!
It IS NOT SAFE!!!!0-18 year olds (except those with comorbidities) SHOULD NOT BE
FORCED TO BE COVID VAXXED!!!
Thought you might like this: <https://sboh.wa.gov/News/Articles/ID/3093/Feb-17-TAG-Meeting>

From: Dee Drewry
Sent: 2/17/2022 2:09:50 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Requirement

External Email

A Covid vaccine requirement is absurd!

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive, and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Dedra Drewry
250 Gage Blvd #2122
Richland, WA 99352

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Dee Drewry
Phone: (509) 699-8080
*Email: dee.drewry@gmail.com <mailto:dee.drewry@gmail.com> *

From: Kirby, Kristin @ Bellevue
Sent: 2/18/2022 12:00:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



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attachments\D64B7C8AF36B4965_image004.png

External Email

Good morning,

Thank you for encouraging comments and questions from the public. I do have a lot of questions, feedback and comments and I appreciate taking the time to review all.

Questions community members need answers to:

1. Please explain why the "subject matter experts" are all saying the same thing and all have the same opinion. How is this helpful to the department to make a full analysis and decision if you don't have the ability to see or hear from other subject matter experts who don't agree?
2. Please address the below statistics, taken straight from the WA State Department of Health, and explain why we're even talking about this age group requiring a vaccine they don't need. It seems very negligent based off the numbers and data of what is actually happening here in WA State.

Of the WA State under 18 population - 2.2% have had Covid.

This week's data of under 18 population - .15 (rounded UP) has Covid now.

2.2.22 Data:

Covid cases of under 18 population - .95%

Of those cases - .015% were hospitalized OR .003% of the total under 18 population

15 deaths, all time = 0.00090357635521394% of that population and .4% of total WA State population

How do these numbers warrant a vaccine? Keep in mind also, vaccinated and boosted people are still getting Covid. In fact, in my personal life, everyone I know who has Covid is vaccinated and/or "boosted".

3. How much money would schools potentially get from the government for each child registered as being covid vaccinated?
4. Because the virus keeps mutating, and in turn gets weaker, why would WA DOH mandate a vaccine that isn't effective against these mutations and further mutations?
5. Why is any covid vaccine being compared to small pox vaccinations? They are not the same type of virus at all. Flu/Covid will never be eliminated.
6. How would the "subject matter experts" rate the risk of getting covid vs. the risks of a vaccine they have admitted to not having complete or long term data?
7. Please explain why the TAG kept saying we're in a pandemic and the rules should be bent a little bit about the criteria when Governor Inslee and mayor of Seattle (to name a few) are lifting vaccine requirements and mask requirements in most public settings and schools? This shows we are not in this "emergency state" the TAG kept alluring to.
8. Please explain why covid side effects (for the very small percentage of children who get it) are worse (in the TAG's opinion) than the side effects of the covid vaccine, especially when there is not enough data/long term data and Pfizer has written they do not know about all possible side effects.
9. Mr Pendergrass raised a valid point regarding Criteria #1 – the vaccine wasn't on the list and John Dunn said the issue "poses a conundrum" but the TAG approved Criteria #1. Can you tell us why? The TAG confirmed the schedule was still "in flux" and wasn't sure what the intent of the ACIP so how could the TAG come to an agreement that Criteria #1 was met?
10. Per CDC data 5-18 year olds are >99.9% likely to recover. Far greater risks are faced every single day. How is this a vaccine required for children?
11. Criteria #2 – How was the TAG able to confirm criteria #2 was met when repeatedly the "experts" and TAG confirmed the "data is limited"?
12. Does the TAG believe children are sick unless they are covid vaccinated regardless of each child's medical history or current health?
13. Criteria #4 - How was TAG, with 15 votes of yes, able to come to the conclusion the vaccine demonstrates it safe and has an acceptable level of side effects when throughout the entire meeting the "subject matter experts" continually stated there wasn't a lot of data and they don't know the long term effects? Specifically, without getting the vaccine, the child wouldn't get any of the vaccine side effects.
14. Please talk about the fact that this age group is healthy and are not being affected as negatively as other groups and touch on survival rates. As you can see from the graphs below – the age groups in question account for a very small percentage of the population at whole.

15. Pfizer's and Moderna's mRNA-based COVID-19 vaccines have caused injury and death on an unprecedented scale. Adverse events must be expected not just after the first injection of such a vaccine but after each booster shot as well. The argument is not limited to SARS-CoV-2 or its spike protein but applies generally to any non-self-antigen introduced in the form of mRNA. Accordingly, not only must the COVID mRNA vaccines be stopped, but mRNA vaccines should never be used again, regardless of the infectious

agent in question. How would the "subject matter experts" respond?

16. What about natural immunity? Why get a vaccine shot if you already have immunity?

17. How do you feel this will segregate the community further?

18. Under the 1986 National Childhood Vaccine Injury Act (NCVIA), vaccine manufacturers and healthcare providers cannot be held liable for vaccine injuries from federally recommended vaccines. The Act allows companies to escape scrutiny and the document discovery associated with litigation. Has the TAG thought about this at all when making decisions?

19. Under the 2005 Public Readiness and Emergency Preparedness (PREP) Act, manufacturers, healthcare providers, and government officials will be immune from liability for potential COVID-19 vaccine injuries and deaths. Compensation through its Countermeasures Injury Compensation Program is likely to be minuscule. Has the TAG thought about this at all when making decisions?

20. According to a government-funded study at Harvard, less than 1% of all adverse reactions to vaccines are actually submitted to the National Vaccine Adverse Events Reports System (VAERS). Why should anyone believe adverse events and deaths are as low as the "experts" were saying in the meeting?

21. The clinical trial study designs for COVID vaccines did not address transmission, but merely addressed reducing symptoms, as explained in the materials they submitted to the FDA to obtain Emergency Use Authorization. How does that effect the TAG's decisions. If the point of the vaccine isn't to STOP the virus, then why mandate it?

22. Please advise why the TAG said it would be OK for children to get the covid vaccine at the same time as other vaccines when According to Pfizer, there is "no information on the co-administration of the Pfizer-BioNTech

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441> COVID-19 vaccine with other vaccines." CDC, too, admits that it does not know

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.biopharmadive.com%2Fnews/acip-pfizer-coronavirus-vaccine-adolescents%2F600049%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1900cbf837c64a0be4c108d9f31951c8%7C11d0e>

whether reactogenicity (the body's inflammatory response to vaccination) increases with vaccine co-administration. Nonetheless, CDC is allowing healthcare providers to administer COVID vaccines and other childhood and adolescent vaccines "without regard to timing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadvisory%2F2021-05-12%2F05-COVID-Woodworth-5018.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1900cbf837c64a0be4c108d9f31951c8%7C11d0e>

."

23. The FDA has made revisions to the patient and provider fact sheets for the Moderna and Pfizer COVID-19 vaccines regarding the suggested increased risks of myocarditis and pericarditis following vaccination. For each vaccine, the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) has been revised to include a warning about myocarditis and pericarditis and the Fact Sheet for Recipients and Caregivers has been revised to include information about myocarditis and pericarditis. This update follows an extensive review of information by the CDC's Advisory Committee on Immunization Practices. The data presented at this meeting reinforced the FDA's decision to revise the fact sheets and further informed the specific revisions. The warning in the Fact Sheets for Healthcare Providers Administering Vaccines notes that reports of adverse events suggest increased risks of myocarditis and pericarditis, particularly following the second dose and with onset of symptoms within a few days after vaccination. Additionally, the Fact Sheets for Recipients and Caregivers for these vaccines note that vaccine recipients should seek medical attention right away if they have chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after vaccination. Why did the "subject matter experts" continually downplay these two possible adverse reactions when the FDA and CDC have already confirmed an increase risk?

24. Is the consent age being talked about within the TAG?

25. 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. How did the TAG come to a yes on criteria number 2 & 4?

26. Does the TAG and "subject matter experts" believe healthy, unvaccinated children are critical to achieving herd immunity?

27. Does the TAG and "subject matter experts" believe natural immunity is proven to tolerate infection, benefiting community protection?

28. Recently the National Center for Biotechnology Information confirmed in a study showing that, at the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days and in fact, the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. How does this show the need for a vaccine requirements for school persons?

There are over 6 million Covid vaccine adverse drug reactions, that VAERS is aware of, keeping in mind how large VAERS is underreported. The main adverse reactions are listed below. There are further subsets to each of these categories which include death in some of them:

- * Blood and lymphatic system disorders
- * Cardiac disorders
- * Congenital, familial and genetic disorders
- * Ear and labyrinth disorders
- * Endocrine disorders
- * Eye disorders
- * Gastrointestinal disorders
- * General disorders and administration site conditions
- * Hepatobiliary disorders
- * Immune system disorders
- * Infections and infestations
- * Injury, poisoning and procedural complications
- * Investigations
- * Metabolism and nutrition disorders
- * Musculoskeletal and connective tissue disorders
- * Neoplasms benign, malignant and unspecified
- * Nervous system disorders
- * Pregnancy, puerperium and perinatal conditions
- * Product issues
- * Psychiatric disorders
- * Renal and urinary disorders
- * Reproductive system and breast disorders
- * Respiratory, thoracic and mediastinal disorders
- * Skin and subcutaneous tissue disorders
- * Social circumstances
- * Surgical and medical procedures
- * Vascular disorders

Compare that to Covid side effects as stated on the CDC website:

- * Fever or chills
- * Cough
- * Shortness of breath or difficulty breathing
- * Fatigue
- * Muscle or body aches
- * Headache
- * New loss of taste or smell
- * Sore throat
- * Congestion or runny nose
- * Nausea or vomiting
- * Diarrhea

Feedback:

- * I find it quite disturbing to hear the subject matter experts, during their segment, say something along the lines that even though myocarditis may happen it is more beneficial than not getting the covid vaccine.
- * I find it quite disturbing the subject matter experts and TAG find the risks of this vaccine to be acceptable when children have a survival rate of over 99%.
- * I find it quite disturbing the subject matter experts said the community are "a little bit hung up" on acceptable level of side effects. John Dunn said this and taking light of the situation is not acceptable. He then seemed to joke that we "don't have the numbers to determine if that's (myocarditis) is real or not". This is not acceptable.
- * I find it quite disturbing the subject matter experts continually said "we don't have the long term data" when asked specific questions. John Dunn said this numerous times throughout the meeting. He also said, at 1:06pm "we don't know the real numbers of myocarditis". Tao then confirmed he gives the same "spiel" to his patients and Matthew Kronman then agreed.
- * I found it disturbing to have Kathy promoting v-safe. I thought this was a TAG regarding the subject matter – not to provide promotional advertisement for v-safe.
- * The TAG kept referring to "people" even though the topic is regarding school aged persons
- * Talking about the impacts of the healthcare system is great, but the demand and stress wasn't due to children. Please address that. The world's problems and hospital issues, including staffing problems, should not be put on the backs of children and getting them vaccinated. How is that right or fair?
- * Matthew mentioned doctors are now learning via zoom. That's quite concerning.
- * Bringing up essential workers during the meeting is great, however, putting this issue on the backs of children being vaccinated to attend school should isn't the way to correct this issue. Children are not the problem.
- * I found it troubling to hear some of the TAG talk about the criteria itself and wanting the criteria to be changed because of Covid. The checks and balances are there for a reason. You can't change the criteria to fit a specific narrative.

Comments:

February 2022 COVID-19 Youth Behavioral Health Impact Situation Report shows what families are thinking regarding children receiving a Covid-19 shot.

CDC website says:

* COVID-19 vaccines protect everyone ages 5 years and older from getting infected and severely ill, and significantly reduce the likelihood of hospitalization and death. But then goes on to say: Vaccine breakthrough infections are expected. COVID-19 vaccines are effective at preventing most infections. However, like other vaccines, they are not 100% effective. Which one is it? It either prevents or it doesn't.

* According to the CDC, COVID overall has a 99.74% survival rate. Among young people, that number is even higher. For people aged 18 to 29, the survival rate is 99.97%. Please consider this low risk from COVID when deciding whether to take an experimental vaccine that causes significant side effects, including but not limited to death.

Thank you for taking the time to review and I look forward to answers and clarifications next week.

Kristin Kirby

From: Kahler, Kelie (SBOH)
Sent: 2/24/2022 12:53:46 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Ryan & Sheriah Little <rslittle5@gmail.com>
Sent: Wednesday, February 23, 2022 9:05 PM
To: DOH Secretary's Office <DOH.Secretary@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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sheriah Little
RLS
Reliable Labor Services LLC
reliablelaborservicesllc.com
(425)350-9034
(425)350-8967

Sent from my iPhone

From: Bernie Ferrell
Sent: 2/17/2022 7:21:08 PM
To: DOH WSBOH
Cc:
Subject: No forced vacs

External Email

To whom it may concern:

Why would anyone place our school children and their future in jeopardy by forcing a school requirement forced vaccination for 5-10 yr olds? This is an unacceptable experiment that is totally unnecessary and when the real motive behind this comes out all those who willingly participated for monetary gain or otherwise will have to be held accountable. Please do not do this to our children. Thank you

Sincerely
Bernard Ferrell

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Scott
Sent: 2/16/2022 4:25:49 PM
To: DOH WSBOH
Cc:
Subject: M-RNA GENE THERAPY FOR CHILDREN

External Email

You are strongly urged to NOT recommend m-RNA gene therapy for children. This is NOT a classic vaccine like those developed for polio or smallpox. The SARS-CoV-2 virus has mutated beyond the original spike protein used to develop the therapy, and so effectiveness has dropped markedly. A virus only has two goals, survival and reproduction. By mutating to avoid the original m-RNA gene therapy's spike protein induced immune response, it has achieved the first goal. Second, by mutating to be more infectious, and causing only mild disease it has achieved its second goal. Because the m-RNA gene therapy causes the viral spike protein to be produced in vast quantities by cells far from the respiratory infection sites, the excess spike proteins can and do accumulate in tissues of concern and can generate an immune response against those cells such as the endothelial linings and musculature of the circulatory system (causing clotting issues, and myocardial problems in especially young males), neural tissues by crossing the blood brain barrier, and female ovaries. Children, who were never at significant measurable risk of severe disease or of transmitting disease, are far more at risk from the m-RNA gene therapy than from a virus that has now receded from pandemic into endemic, like the common cold and flu. In addition, Israel, the most 'vaccinated' country on earth, has experienced increased ICU admissions and deaths due to antibody dependent enhancement. (Look it up, it's a topic beyond the scope of this letter.) If your goal is to improve the long term health of our most precious resource, children, do not force this relatively untested m-RNA gene therapy on kids that has the potential to cause great future harm. Thanks for your consideration. Scott Nash

Sent from my iPhone

From: A Link
Sent: 2/16/2022 2:55:54 PM
To: DOH WSOBH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

The addition of this vaccine to our youth seems inappropriate and unnecessary. They are not in danger of co-vid 19, except in very rare cases...usually with underlying comorbidities.

Cardiomyopathy has become an unusually high statistic in the vaccinated population of young people...predominantly male, more so than those that get the vaccine (which is the usual argument). There have been conjectures by medical professionals that we will be seeing a larger case count going forward, as this condition may show up further down the road for an even greater number of youth. This is not a measles/mumps/rubella situation...it is more like the flu, and we do not force flu vaccines on school age children....old folks need it.

In addition, the virus is still mutating, and sounds like it will continue to do so...hopefully continuing it's transformation into less virulent versions.

This is a terribly premature decision. I am an elder...vaccinated...and I do not want my concern about myself to endanger children. That would be selfish, and entirely unnecessary: it would appear we will all eventually get this...so protecting Grandmother and Grandfather by vaccinating young people, becomes a worthless, and dishonorable endeavor.

Not to mention, the reality is that the mild versions children get will gift them with a strong 'natural' immunity. Like the overuse of antibiotics created 'super-strains of antibiotic resistant bacteria'...if we continue to try to vaccinate everyone, the virus we call co-vid 19, may also travel down this road.

It appeared during your first zoom, that all the data shown, was pointing towards forcing this on our children, I see a lot of eager data-heads chomping at the bit. Your assembled team appeared mostly pro-forced vaccine from the get go, how disappointing.

Stop this foolishness, let's take a slow, informed, approach....we have time to see how this runs, now that things are slowing down in the general public.

Thank you for seriously considering my concerns.

Amy Link

--

"Wisdom begins with wonder"
Socrates

From: John Anderson
Sent: 2/22/2022 9:48:06 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Greetings Board -

Your challenge has changed appreciably from what it would have been had you been convening during the onset of the COVID-19 Delta Wave. Omicron has peaked, and new infections and hospitalizations are declining rapidly. As a result, the apparent burden of proof has shifted from estimating the apparent benefit afforded by the claimed protective benefits of vaccination to the health risks attending vaccination of juveniles.

"Review of Criteria #7 The vaccine containing this antigen is acceptable to the medical community and the public."

The Board should have available for decision-making a complete copy of ALL anonymized patient data gathered and evaluated by the FDA and CDC before granting EUA, and all anonymized patient data gathered in post-EUA surveillance. If you do not have access to such data, and if you do not have access to the professional services of medical specialists to interpret the data (including epidemiologists), then you do NOT have the basis for deciding whether the Criteria #7 has been met.

The data posted on FDA and CDC websites clearly state that the vaccine developers do not intend to release patient data to the public until 2025 or after.

VAERS data has been heralded as conclusive for surveilling the side-effects of all vaccines except COVID-19 related sera.

Both VAERS and the UK National Health Service Yellow-Card system report similar statistical incidence of the various side-effects affecting vaccinated adolescents and younger children. The UK NHS has strong confidence in their adverse data reporting, but we (USA) are reluctant to place confidence in our system.

If our medical professionals and policy-makers do not trust VAERS data, how can they conclude anything on the risks and benefits of the vaccine? On what basis do they expect policy-making groups such as the WA BOH to evaluate risks and benefits?

I strongly advise you to think about how you would explain to your daughter or son whose child has been permanently impaired by an adverse effect that you ignored warnings and ignored the lack of data, and concluded that side-effects, though unfortunate, are rare.

Please wait for complete data, and weigh the waning risk of infection and hospitalization from Omicron and show some restraint.

Strength and Honor

John Anderson
Gig Harbor WA

MOBILE: (253) 459-3447

From: Darryl Plagerman
Sent: 2/25/2022 2:00:22 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: Misty
Sent: 2/23/2022 2:52:19 PM
To: DOH WSBOH
Cc:
Subject: Meeting tomorrow on Covid Vax

External Email

Washington state board of health,

I am contacting you regarding the board meeting tomorrow on the discussion of the Covid vaccine. You should be ashamed of yourselves. In the last meeting, the board indicated this would not be voted on for months. It has been merely weeks. Total deception. This vaccine is unsafe due to the spike proteins that are causing many major harmful side effects, including death. The vaccine does not prevent the spread of Covid. AND Covid doesn't present a great health risk to kids!!!! This is unacceptable.

Misty Larson
Sent from my iPhone

From: Judy Criscuola
Sent: 2/16/2022 3:03:25 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine Requirement

External Email

Please do not force this emergency vaccine onto children!
They do not need it. They are low risk for COVID and do not pass it on to others if they do get it.
This vaccine could very likely harm them later in life.
This vaccine has not been adequately tested which takes 5-10 years.
More children die from the flu than COVID and we do not require flu shots in order to attend school. Why would we require the COVID vaccine? It makes no sense!
Thank you,
Judy Criscuola

From: Linda Carruthers
Sent: 2/18/2022 7:29:08 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: Chris Baca
Sent: 2/18/2022 9:08:21 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My name is Christine Kiley-Elias and I'm a mother of 3. I'm fine with giving my kids the regular necessary vaccines that have been required since I was a child. But I am not okay with the COVID-19 vaccine being forced on my children in order for them to attend. By lifting the mask mandate only to enforce vaccines for children is absolutely Ludacris. The Bible talks about everything that is wrong will become right, and everything that is right will become wrong in the end times. That sounds cheesy I get it. But 10, 15 years ago all of this would have only been imagined. As a people, we would never have done this to our own. Americans aren't the type of people to force their own into something such as this. These vaccines are new and I don't want my children being the ones who help the medical society further understand the risks of vaccines due to likely and very possible horrible side effects.

If you serve the people.. do NOT force our children to take vaccines in order to attend school!!! 90% of the Okanogan Community opposes mask mandates AND vaccines. Remain American and give the people the choice. AMERICA THE FREE, not America the free to those who submit.

Thank you for the March 21st mask change. Please do not hurt us more with the vaccine drama and nonsense. We don't want it and we don't want our children to have it either ! This is our voice! You're hearing it! Don't ignore us please...

From: Don
Sent: 2/17/2022 8:07:01 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement for school children

External Email

To wsboh@sboh.wa.gov

Gov Inslee and Med Board?

Targeting attacking children for Power and \$\$\$

You want to mess with me, impose mandates is one thing. I have the ability to say no and let the chips fall where they may.

You mess with children, grandchildren and my great grandchildren you are in a grandfathers domain. The youngest children have no ability to say no. Case after case of children vaccinated against parents wishes without their knowledge.

My great grandson has Autism. It is most likely from environmental factors such as toxins and high probability greatly influenced from mandatory vaccines. We are the most medicated nation now the most unhealthy. Health comes from whole foods and life choices not from pills that only mask bad choices. One out of 56 Boys will develop an autism response in childhood. This is an epic crisis.

For once in your life stop being a shill for corporate fascism.

One thing we know for sure we live under a lawless government that is dictated to by rogue corporations and felon entities like pharmaceutical manufacturers.

Keep your paws off our kids.

My grandchildren attend public school in Wa State. I'm a life long resident of Wa State and worked at Boeing for 40 good years.

One upside to your vaccine despot agendas. They might be enough reason for my family to join me in Idaho.

Freedom and liberty is found in God and His ways. You have removed all doubt where you stand by direct violation of His guidelines for life. The same principles that founded this great nation are now found in contempt by our "leadership."

Don Grinde
Priest River ID

From Marysville Wa

THIS IS NOT A CLICK AND SEND.....WE ARE ASKING YOU TO EMAIL THE BOARD OF HEALTH AND ASK THEM TO NOT REQUIRE A COVID MNRA FOR CHILDREN TO ATTEND SCHOOL THIS COMING FALL.....SEE THE REASONS BELOW!

THANK YOU!!!

.....

RED ALERT! Governor Inslee's Board of Health is about to recommend forced Covid vaccinations for school aged children. Please take action and put pressure on the Board of Health. Some talking points are below. It is best to write your own comment, in your own words. Mass emails with the same wording don't receive much attention by these people.

THIS IS THE PROPOSED POLICY:

Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Send your email to this address: wsboh@sboh.wa.gov
<<mailto:wsboh@sboh.wa.gov>> (WA State Board of Health)

Some facts about the vaccine:

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

PLEASE PASS ON TO OTHER LIKE-MINDED PEOPLE. THANKS!

From: Debra Wells

Sent: 2/24/2022 11:48:03 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: Trust worthiness in the CDC and NIH

External Email

With the information that has come out in the last several months would indicate that trust in the CDC and NIH should be limited as the CDC has been withholding information concerning the covid vaccines effectiveness and safety. Also, with the revelation that the NIH knew that covid came from a lab leak and lied to the entire country/world about it. The withholding of this information has stolen our ability to make wise decisions concerning our health and even limited our health providers ability to advise us with what we should do. These lies and withholding of information also continues to damage the trust in the medical community and institutions as a whole. The mentality of "Do what I tell you to do because it is good for you" doesn't work. Since the roll out of the vaccines, it really only takes one person in a family to be injured or die for the entire family to become hesitant in the vaccine. Even if the doctors and experts tell them that it's unrelated, the families know more about their family members health than even the doctors, to include vaccine status. Therefore, legitimate concerns arise and ignoring these concerns and minimize them only create more distrust and hesitancy. All in all, the best thing to do is to be completely transparent and tell the truth. Share all the data so that people can make the best decision for themselves.

Debra Wells

On Thursday, February 24, 2022 10:01 AM, Debra Wells <debrakwells@startmail.com> wrote:

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%7Cfd893ff77e324804843308d9f7c>

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%7Cfd893ff77e324804843308d9f7c>>

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 BKK 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

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,

Prevention (U.S.) Corporate Authors(s) : Centers for Disease Control and

Published Date : 01//28/2022

71, no. 4

Series : MMWR. Morbidity and mortality weekly report ; v.

URL : <https://stacks.cdc.gov/view/cdc/113858>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113858>

Vaccination Status and

May–November 2021

Nelson, MPH1; Emily Lutterloh, MD2,3; Ursula E. Bauer, PhD2; Bryon Backenson, MPH2,3;

Bregman, MPH1; Claire M. Midgley, PhD4; Jennifer F. Myers, MPH1; Ian D. Plumb, MBBS4;

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> >).

19, By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-

vaccination had occurred in California and New York.*COVID-19

causes protects against infection with SARS-CoV-2 (the virus that 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

persons incidence in both states was highest among unvaccinated
 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%7Cfd893ff77

predominant changed after the SARS-CoV-2 Delta variant became
 and July. (i.e., accounted for >50% of sequenced isolates) in late June
 cases By the week beginning October 3, compared with COVID-19
 COVID-19 rates among unvaccinated persons without a previous
 previous COVID-19 diagnosis, case rates among vaccinated persons without a
 diagnosis were 6.2-fold (California) and 4.5-fold
 (New York) lower; rates were substantially lower among both
 fold groups with previous COVID-19 diagnoses, including 29.0-
 unvaccinated (California) and 14.7-fold lower (New York) among
 and persons with a previous diagnosis, and 32.5-fold (California)
 previous diagnosis of COVID-19. During the same period, compared
 without a with hospitalization rates among unvaccinated persons
 California previous COVID-19 diagnosis, hospitalization rates in
 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 protection time when because of cohort 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.[†]

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 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.

Department of Health and Human Services/Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 126 MMWR / January 28, 2022 / Vol. 71 / No. 4 US 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 of COVID-19 confirmed infection

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.

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.

definitions, and analysis

persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later as opposed to the reverse order.

immunization

a previous

population estimates

December 11,

^{††} Whereas vaccinated cohorts were directly observed in the information system databases, unvaccinated persons without COVID-19 diagnosis were defined using U.S. Census minus the number of persons partially or fully vaccinated by

^{§§} For both classification into cohorts of persons with previous diagnoses and for measuring incident cases, laboratory-

^{¶¶} Fully vaccinated with the primary vaccination series is

^{**} Because of the timing of full vaccination, the cohort timeframe, this cohort consisted nearly exclusively of

were fully vaccinated (California: 99.9%, New York: 99.7%),

confirmed
Department of
2018 CDC National
population
COVID-19

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
Center for Health Statistics Bridged Race file for U.S. Census
estimates were used in New York, consistent with other
surveillance reporting.

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.

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/10000/10000>)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data>

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, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis.

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128 MMWR / January 28, 2022 / Vol. 71 / No. 4 US
Department of Health and Human Services/Centers for Disease Control and Prevention
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, P□ze
 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

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

and

What is added by this report?

highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant

By

What are the implications for public health practice?

variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-

and

be

This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large

the SARS-CoV-2 Omicron variant and before most persons

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 reinfection. That surviving a previous infection protects against a the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many new persons (5). Similar data accounting for booster doses and as assessed. variants, including Omicron, circulate will need to be

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, (e.g., potential exists for bias related to unmeasured confounding 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%2Fncov%2Fscience%2Fscience-briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfd893ff77e324804843308d9f7ce33cc%7C11d0>

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>

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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
persons
framework to help evaluate both infections in vaccinated
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
and vaccine doses might be warranted in the future as the virus
immunity levels change.
Acknowledgments
Dana Jaffe, California Department of Public Health; Rebecca
Citywide Hoen, Meng Wu, New York State Department of Health;
of Immunization Registry Program, New York City Department
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 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%7Cfd893ff77e324804843308d9f7ce33cc%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%7Cfd893ff77e324804843308d9f7ce33cc%7C11d0e



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Gilbert G. Berdine, M.D
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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%7Cfd893ff77e324804843308d9f7ce33cc%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%2Fus%2Fdaily-covid-deaths%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%7Cfd893ff77e324804843308d9f7ce33cc%7C11d0e217>

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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.

children under 18.

Please vote NO on requiring Covid vaccines for

Debra Wells

From: Shannon Stoner
Sent: 2/17/2022 8:20:43 AM
To: DOH WSBOH
Cc:
Subject: Comments for TAG meeting

External Email

I am a parent. I have 2 children who will enter the school system next year and I am concerned at the well being of their future. As a parent, I do not consent to vaccinating our children based on the history of both Pfizer, and Moderna as pharmaceuticals companies. I do not consent to MRNA technology in vaccines based on the science of how their studies were conducted, backed, and rushed in an emergency order without long term effects. I do not consent vaccines should be mandatory in order for students to learn, for a virus that most have already been exposed to and have natural born immunity too. I do not consent because my family has suffered the loss of a family member by death from the very same vaccine you are wanting to make mandatory for children today. My father died of myocarditis the month before they even claimed it was a side effect. The month our president said, "You can't get it or spread it, and theres no side effects. It's totally safe!" These false and misleading claims are dangerous and when children are more likely to be struck by lightning then to die from covid, I hope you consider exactly what you all personally are voting on. These children will never be able to make this choice themselves. From a mother, a teacher, and a community member; I ask you to vote for parents to have the right to choose, what is put into their own children's bodies, especially when most again, already have natural immunity from being exposed in the past 2 years, and children have BEST chance surviving and thriving after exposure. We can't keep living in a bubble (especially when we have already had covid and have immunity), and our children have an immune system ready and willing to do the work for us. PLEASE STOP this madness and make a choice that puts the parents back into the driver seat of their own children's health, not the schools.

Thank you.
Shannon Graham

From: Victoria Blaze
Sent: 2/15/2022 3:03:03 PM
To: DOH WSBOH
Cc:
Subject: TAG Meeting Results - REQUIRING COVID shots for children

External Email

Board Members:

How can you possibly come to an informed decision if opposing points of view are neither presented nor discussed? This would clearly indicate a bias by the board, opening the door for personal liability under legal remediation.

Did it not read ANY of the emails submitted with scientific back-ups? Did it not read the emails with the CDC's own statistics? Is it only interested in meeting some unconstitutional "federal" and emergency state criteria to ensure it's funding?

What kind of rational decision making is that?

There are no doctors, nurses, scientists, or even parents on the TAG representing those with opposing views or concerns. Nobody brought up issues such as addressing underlying susceptibilities and nutritional deficiencies in hard hit populations, early treatment protocols, unprecedented numbers of VAERS reports or breakthrough cases leading to hospitalization and death. Nobody mentioned the 99.99% full recovery rate of children or the 140+ studies showing the durability and superior protection of natural immunity. Certainly nobody mentioned the alarming data being revealed in the Pfizer data attained via FOIA

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personnel&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ea78c32120b4191a73d08d9f0d74e0b%7C11d0e2

shocking rises in serious health problems, or Dr. Robert Malone, Dr. Peter McCullough,

Dr. Pierre Kory, or Senator Johnson's recent Second Opinion roundtable

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022/02/15/ron-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022/02/15/ron-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ea78c32120b4191a73d08d9f0d74e0b%7C11d0e2)

second-opinion-on-covid&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ea78c32120b4191a73d08d9f0d74e0b%7C11d0e2

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<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022/02/15/ron-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022/02/15/ron-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ea78c32120b4191a73d08d9f0d74e0b%7C11d0e2)

second-opinion-on-covid&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6ea78c32120b4191a73d08d9f0d74e0b%7C11d0e2

A Second Opinion on COVID

Victoria Blazejewski
10503 Creek Street
Yelm, WA 98597

From: Sherri Buchanan
Sent: 2/26/2022 4:08:16 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: Debra Wells

Sent: 2/24/2022 2:50:27 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),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: Building trust

External Email

Building trust is hard to do once it has been ripped apart. There are many factors involved related to the current state of distrust. We (the public) have been censored and belittled when we asked questions or try to have discussions. We (the public) have been treated like children and uneducated. Many of us with concerns are educated and are using our critical thinking skills. The vary act of censorship creates distrust because people are left wondering what is being hidden. Telling us that it is mis or disinformation isn't an answer in this point in time because mis or disinformation tags are being used in relation to information that one or more groups don't agree with, not necessarily related to factual truth of the information.

We have also been told to follow the science. Unfortunately, many have conflated political or biological science. We (the public) want the politics to be striped out of the whole Covid mess. The biggest mistake that all the decision makers have made is that they have based much of the policy decisions on politics.

It's going to be a hard road to rebuild public trust. However, a good place to start is transparency with ALL the Data. (Encourage the CDC to release all the data to the public, warts and all). Good or bad, the public, through our tax dollars, have paid for this data and we deserve that information to be given to us in full. We (the public), need all this information to make wise and fully informed decisions. Treat the public with respect, regardless of their concerns, beliefs or politics. Don't treat the public like children or uneducated. It doesn't matter how much money they have, what color their skin, whether there is or is not access, what religion or any other demographic. Treat ALL people with respect. Respect them for their concerns and desire for all information (even the hidden information that the CDC has been hiding). All adverse reactions need to be told to the person getting a shot. Every approved drug advertised on TV has to list all the side effects at the end of the AD. This has not been done in its entirety to the public concerning the covid vaccines. The AEs are more than a sore arm, myocarditis or blood clots. Don't vaccinate children without the parents consent.

The public is coming down from the state of fear that we have been in for the last 2

years; although, some are still in a state of fear. Many of us have come to realize that we are going to have to learn to live with Covid as it's not going away because of the type of virus it is. Many of us don't want to get a shot every 3 months, as it appears to be the trend because the shots do not stop Covid and as our family found out, the covid shots do not stop hospitalization or serious illness as we lost a family member; although that may have also been related to remdesivir.

Lastly, there isn't any safety data concerning fertility, long term effects or safety on the fetus.

Debra Wells

On Thursday, February 24, 2022 1:36 PM, Debra Wells <debrakwells@startmail.com> wrote:

The fully licensed covid vaccines are not available to the public, regardless of age. When someone goes to get the covid vaccine, only the EUA product is available and not the fully licensed product.

Debra Wells

On Thursday, February 24, 2022 11:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

With the information that has come out in the last several months would indicate that trust in the CDC and NIH should be limited as the CDC has been withholding information concerning the covid vaccines effectiveness and safety. Also, with the revelation that the NIH knew that covid came from a lab leak and lied to the entire country/world about it. The withholding of this information has stolen our ability to make wise decisions concerning our health and even limited our health providers ability to advise us with what we should do. These lies and withholding of information also continues to damage the trust in the medical community and institutions as a whole. The

mentality of "Do what I tell you to do because it is good for you" doesn't work. Since the roll out of the vaccines, it really only takes one person in a family to be injured or die for the entire family to become hesitant in the vaccine. Even if the doctors and experts tell them that it's unrelated, the families know more about their family members health than even the doctors, to include vaccine status. Therefore, legitimate concerns arise and ignoring these concerns and minimize them only create more distrust and hesitancy. All in all, the best thing to do is to be completely transparent and tell the truth. Share all the data so that people can make the best decision for themselves.

Debra Wells

On Thursday, February 24, 2022 10:01 AM, Debra Wells
<debrakwells@startmail.com> wrote:

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%7Cc2c49c3f5967415bedc108d9f7e>

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%7Cc2c49c3f5967415bedc108d9f7e>>

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 BKK 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

<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.

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>

Vaccination Status and
York, May–November 2021

COVID-19 Cases and Hospitalizations by COVID-19
Previous COVID-19 Diagnosis — California and New

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

cohorts,
30–November 20,
COVID-19
unvaccinated persons
that
beginning May 30,
unvaccinated
COVID-19 case
York) lower
diagnosis; 7.2-fold
unvaccinated
fold
vaccinated
the same
unvaccinated
hospitalization
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%7Cc2c49c3f5

predominant
late June and July.
COVID-19 cases
COVID-19
without a previous COVID-19 diagnosis
among both
29.0-fold
unvaccinated
(California) and

COVID-19 cases in both states were compared among
and in California, hospitalizations during May
2021, were also compared. During the study period,
incidence in both states was highest among
without a previous COVID-19 diagnosis compared with
among the other three groups. During the week
2021, compared with COVID-19 case rates among
persons without a previous COVID-19 diagnosis,
rates were 19.9-fold (California) and 18.4-fold (New
among vaccinated persons without a previous
(California) and 9.9-fold lower (New York) among
persons with a previous COVID-19 diagnosis; and 9.6-
(California) and 8.5-fold lower (New York) among
persons with a previous COVID-19 diagnosis. During
period, compared with hospitalization rates among
persons without a previous COVID-19 diagnosis,
rates in California followed a similar pattern. These

* https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days

changed after the SARS-CoV-2 Delta variant became
(i.e., accounted for >50% of sequenced isolates) in
By the week beginning October 3, compared with
rates among unvaccinated persons without a previous
diagnosis, case rates among vaccinated persons
(New York) lower; rates were substantially lower
groups with previous COVID-19 diagnoses, including
(California) and 14.7-fold lower (New York) among
persons with a previous diagnosis, and 32.5-fold

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 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
 30–November 20,
 who received a first vaccine dose during May
 cases
 2021. During May 30–November 20, 2021, incident
 test
 were defined using a positive nucleic acid amplification
 result
 (NAAT) result from the California COVID-19 Reporting
 Reporting
 System (CCRS) or a positive NAAT or antigen test
 data from
 from the New York Electronic Clinical Laboratory
 used
 System. In California, person-level hospitalization
 lifetable
 CCRS and supplementary hospitalization reports were
 daily cases
 to identify COVID-19–associated hospitalizations. A
 method was used to calculate hazard rates (average
 during a 7-day interval or hospitalizations over a 14-
 day interval), hazard ratios, and 95% CIs for each cohort. Rates were
 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

previous positive result.

is defined as receipt of a second or Moderna) or 1 dose before May 30, 2021.

cohort definitions, and analysis persons who had of COVID-19 and later 99.7%), as opposed to

in the immunization without a previous population estimates vaccinated by December 11, laboratory-confirmed California Department of the 2018 CDC National Census population other COVID-19

to exclude deaths in each deaths were removed

unvaccinated persons with a previous

<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>

product.

The

Institutional

surveillance

therefore,

only for California) result, but not within 90 days of a

¶ Fully vaccinated with the primary vaccination series dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech of the Janssen (Johnson & Johnson) vaccine ≥ 14 days

** Because of the timing of full vaccination, the timeframe, this cohort consisted nearly exclusively of previously received a laboratory-confirmed diagnosis were fully vaccinated (California: 99.9%, New York: the reverse order.

†† Whereas vaccinated cohorts were directly observed information system databases, unvaccinated persons COVID-19 diagnosis were defined using U.S. Census minus the number of persons partially or fully 2021, and unvaccinated persons with a previous infection before May 30, 2021. In California, the Finance population estimates were used for 2020, and Center for Health Statistics Bridged Race file for U.S. estimates were used in New York, consistent with surveillance reporting.

§§ In California, a person-level match was performed cohort before May 30, 2021. In New York, COVID-19 in aggregate from the starting number of COVID-19 diagnosis on May 30, 2021.

¶¶

of previous diagnoses and primary series vaccine

SAS (version 9.4; SAS Institute) and R (version 4.0.4;

R Foundation) were used to conduct all analyses.

review boards (IRBs) in both states determined this

activity to be necessary for public health work, and

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 [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%7Cview/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, 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

York)

COVID-19

diagnosis (Table 2).

(97% in

increased

previous

and

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.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc2c49c3f5967415bedc108d9f7e7c03d%7C110>

of

*** [https://covid.cdc.gov/covid-data-](https://covid.cdc.gov/covid-data-tracker/#variant-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%7Cc2c49c3f5967415bedc108d9f7e7c03d%7C110)

data-tracker%2F%23variant-proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc2c49c3f5967415bedc108d9f7e7c03d%7C110

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.

persons	October 3, compared with rates among unvaccinated
vaccinated persons without a previous diagnosis	without a previous COVID-19 diagnosis, rates among
lower	lower (95% CI = 6.0–6.4) in California and 4.5-fold
rates among	(95% CI = 4.3–4.7) in New York (Table 2). Further,
diagnosis	unvaccinated persons with a previous COVID-19
among	were 29-fold lower (95% CI = 25.0–33.1) than rates
diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9)	unvaccinated persons without a previous COVID-19
had had	in New York. Rates among vaccinated persons who
	COVID-19 were 32.5-fold lower (95% CI =

27.5–37.6)
previous
vaccinated
consistently higher than rates among unvaccinated persons with
2.6–3.7]
in New
history of
California
always
previous
Delta period
hospitalization rates among unvaccinated persons without a previous
fold lower
without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7)
19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated
However, this
predominant.
rates among
diagnosis,
18.2–21.4)
19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated
Department of Health and Human Services/Centers for Disease Control and Prevention
confirmed COVID-19 cases — New York and California and hospitalizations* — California,
May 30–
Cases, California
November 20, 2021

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)

57.5-fold

persons with a

See table footnotes on the next page.
persons with a previous COVID-19 diagnosis, and

lower (95% CI = 29.2–85.8) among vaccinated

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)

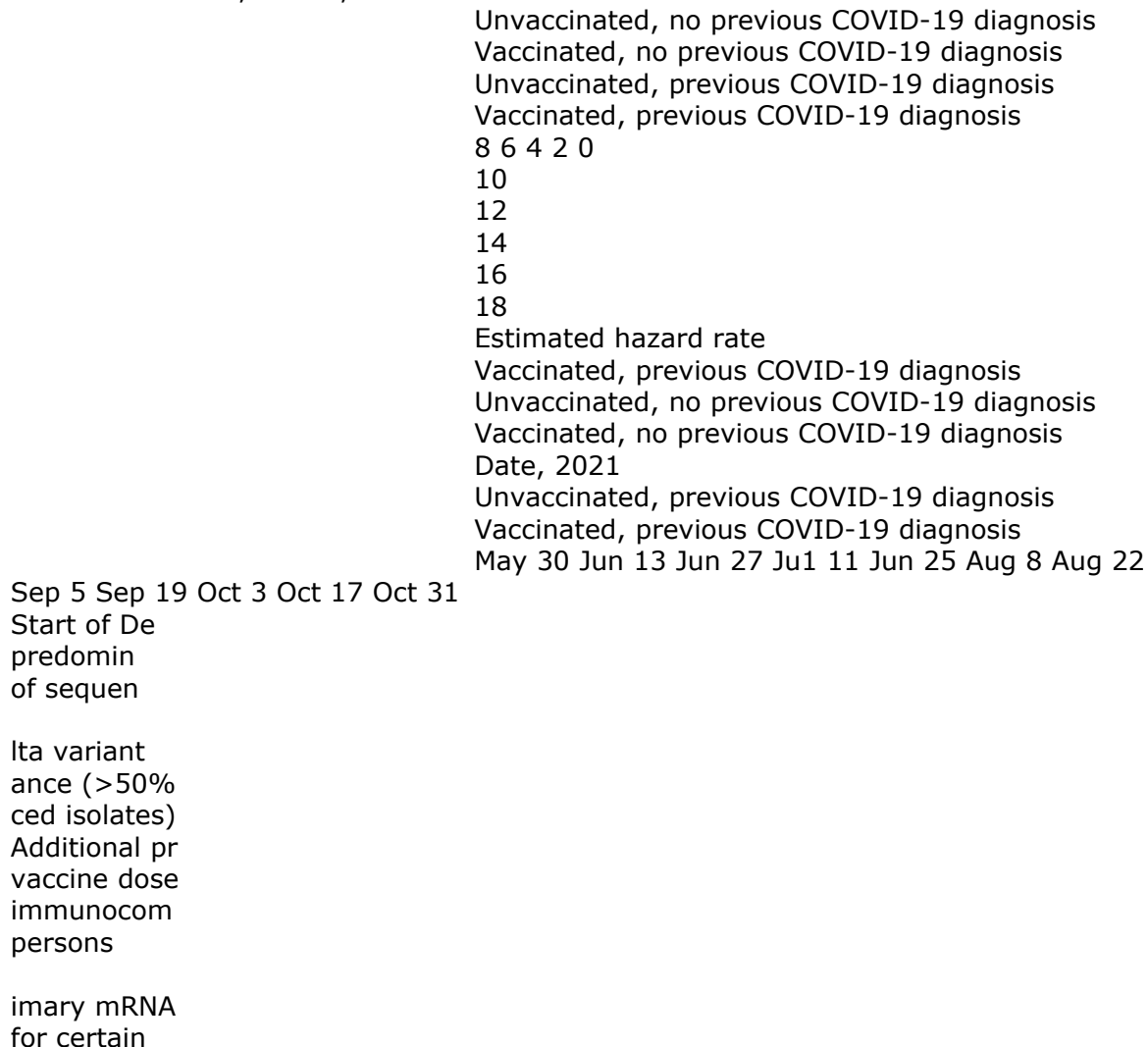
* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† 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*,†



er for certain
18 yrs in certain
r for Janssen
ts

June 26, <https://covid.cdc.gov/covid-data->

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F covid.cdc.gov%2F covid-data-tracker%2F%23variant-proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc2c49c3f5967415bedc108d9f7e7c03>

† Estimated hazard rate is laboratory-confirmed

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Services/Centers for Disease Control and Prevention
Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2

hospitalization after COVID-19 vaccination and

What is added by this report?

During May–November 2021, case and hospitalization

highest among persons who were unvaccinated

previous diagnosis. Before Delta became the

in June, case rates were higher among persons who

previous infection than persons who were vaccinated

early October, persons who survived a previous

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 reinfection. 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,

only included NAAT results, whereas New York NAAT and antigen test results. However, antigen a smaller percentage of overall testing volume

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, 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

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<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>

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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%2F>

¶¶¶ [https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/)

[ncov/science/science-briefs/](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/)

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

[ncov%2Fscience%2Fscience-](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/)

[briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc2c49c3f5967415bedc108d9f7e7c03d%7C11d](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/)

vaccine-induced-

[immunity.html#anchor_1635540449320](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://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>

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of morbidity

infections.

additional or booster

initial infection and does not account for the full range

and mortality represented by the groups with previous

Fifth, this analysis did not ascertain receipt of

many persons
vaccine doses,
protection.¶¶¶¶ Sixth,
size limitations.
emergence of the
derived immunity might be diminished.¶¶¶¶ This study offers a surveillance data
vaccinated persons
hospitalization, and surviving a previous infection protected against a
of predominantly Alpha and Delta variant transmission, before the emergence
from both
Omicron infections, although additional protection with widespread receipt of
infection
illness,
November 30,
and New
remains the
infections,
Primary
doses are
Immunization
date with
robust protection against initial infection, severe illness, hospitalization, longterm
sequelae, and death.***** Additional recommendations for
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.
§

COVID-19 vaccine doses and was conducted before
were eligible or had received additional or booster
which have been shown to confer additional
some estimates lacked precision because of sample
Finally, this analysis was conducted before the
Omicron variant, for which vaccine or infection-
framework to help evaluate both infections in
and reinfections as new variants continue to emerge.
Vaccination protected against COVID-19 and related
reinfection and related hospitalization during periods
of Omicron; evidence suggests decreased protection
vaccine- and infection-induced immunity against
booster COVID-19 vaccine doses is expected. Initial
among unvaccinated persons increases risk for serious
hospitalization, long-term sequelae, and death; by
2021, approximately 130,781 residents of California
York had died from COVID-19. Thus, vaccination
safest and primary strategy to prevent SARS-CoV-2
associated complications, and onward transmission.
COVID-19 vaccination, additional doses, and booster
recommended by CDC's Advisory Committee on
Practices to ensure that all eligible persons are up to
COVID-19 vaccination, which provides the most
longterm
vaccine doses might be warranted in the future as the

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%7Cc2c49c3f5967415bedc108d9f7e7c03d%7C11d0>>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)

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%7Cc2c49c3f5967415bedc108d9f7e7c03d%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%7Cc2c49c3f5967415bedc108d9f7e7c03d%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%7Cc2c49c3f5967415bedc108d9f7e7c03d%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%7Cc2c49c3f5967415bedc108d9f7e7c03d%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?

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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%7Cc2c49c3f5967415bedc108d9f7e7c03d%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.

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: 2/22/2022 10:22:05 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/10/22

2.

Agenda Item or Issue:

Criteria 5

3.

Your Name:

Zana A. Carver, Ph.D.

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

6.

Address:

112 Tobacco Ln

7.

Email:

zana@zanacarver.com

8.

Phone Number (Include Area Code):

5092005672

9.

Do you have any special expertise relevant to this topic?

1. Yes

My area of expertise is in toxicology, physiology, and pharmacokinetics.

10.

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

1. Yes

I would testify if allowed to do so but there has been no such offer.

11.

Are you Pro or Con on the proposal?

2. Con

The Washington State Department of Health is meeting this Thursday and next Thursday to discuss adding the COVID-19 experimental products to the vaccine schedule for children to attend school and day care. They are being advised by a Technical Advisory Group (TAG) evaluating 9 criteria. I will be responding only to criteria 5 in this post. My colleague, Lara Gabriel RN, wrote a fantastic rebuttal to criteria 6! General Issues The experimental COVID-19 injections are not classical vaccinations in which antigens are provided to the body in order to stimulate an immune response. The pediatric Pfizer injection is a mRNA technology inside a lipid nanoparticle carrier, which causes gene expression of the antigen in vivo. The expressed antigen is the S1 subunit of the spike glycoprotein. The S1 antigen that the mRNA product causes the body to produce is based on an in-silico model of the original alpha strain of the spike glycoprotein of SARS-CoV-2. Since the emergence of the alpha strain, there have been many variants with slightly different morphological features. The Omicron variant has displayed a significant morphologic divergence from the original alpha strain as evidence by the decreasing effectiveness of these inoculations towards different variants (95% effective against the alpha/wild type strain, 39-42% effective against Delta, and an inverse efficacy against Omicron -meaning infection is more likely with a greater numbers of boosters). "Original Antigenic Sin: Those who are infected with pathogens for which the vaccine is an insufficient match make up another portion of those who remain at risk of infection." This creates selective pressure for viruses to evolve in a way that makes them more transmissible within the vaccinated population. It needs to be acknowledged how the goal post with these experimental products has changed. First, they should have tested if these injections reduce infection rates with an absolute risk reduction calculation. Others have calculated the absolute risk reduction to be less than 1%. Second, when they couldn't fool the public with their relative risk reduction calculation, they moved the endpoint to measuring a difference in severe COVID morbidity and mortality. However, this was never accurately assessed since in Pfizer's own pivotal trials the effect size was too small to measure this endpoint and with studies in children, there was no proper control group. They used an immuno-bridging procedure that uses a control group from another age category and for anyone who understands the scientific method, this is grossly inadequate. In addition, the controls were unblinded in the original pivotal trial so no one can in good faith refer to a double blind controlled clinical trial. Lastly, the statistical methods were inadequate, namely the lop-sided data exclusions that

overwhelm the effect size. When the pivotal trial data was re-analyzed, it showed a large increase in overall mortality in the vaccinated treatment group. The experimental injections cause antigens to be produced in the wrong compartment of the body. In a natural infection the innate immune response of the mucosal membranes is stimulated resulting in immunological memory that is broad, robust, and durable. A natural infection involves memory cells of both cellular and humoral origin which leads to a faster, more efficient, and longer duration immune response on re-exposure to the same or similar pathogen. Not only is this natural process broad and highly integrated but it protects the mucosal membrane borders of the body, with secretory IgA. In contrast, the mRNA product causes the antigen to be produced in the deltoid muscle and systemically throughout the cardiovascular and lymphatic systems. This means that the mucous membranes are not protected from the virus because the antibodies (IgG and IgA) are produced systemically (in the blood rather than in externally bordering tissues of the body.) This means it's highly unlikely the mRNA given intramuscularly could ever prevent infection. The images below show lymphadenopathy and aggressive lymphoma progression in vaccinated individuals, another indication of systemic adverse effects. In addition, a natural immune response is polyclonal (1000's of antibodies with different receptors are produced.) This is much different than the targeted immune response to a subsection of the spike protein as in artificial immunity. To put this another way, in a natural immune response, the antibodies target all the virus in a multitude of ways, including the nucleocapsid portion. That means when there is another variant some of those antibodies will be cross reactive and effective against the new variant. This cannot be stated with the targeted and limited artificial mRNA approach to a portion of the spike protein only. Below is an image showing multiple areas for different antibodies to bind to an Ebola epitope (antigenic determinant or piece of an antigen.) There is evidence of secondary vaccine failure, where the levels of antibodies decrease over time requiring an endless stream of booster shoots. This completely ignores the fact that there is innate and T-cell memory that remains accurate and effective for those with robust natural immunity. Mortality and Morbidity? So now that we've established the so-called C-19 vaccines do not contain any antigen that prevents any disease, what about reducing mortality and morbidity? These endpoints have not been properly studied. One reason for this is conflating the terms "with COVID" vs. "from COVID" in relation to hospital admissions. The other reason is the change in terminology, for example, a COVID infection in a vaccinated person is now called "COVID pneumonia" and is not coded or counted as a COVID case. Furthermore, some hospital staff have been pressured to write "unknown" for vaccine status if a patient is vaccinated and has been admitted to the hospital for COVID. I submitted a FOIA to our state department of health to find out the numbers of vaccinated and unvaccinated people admitted to the hospital for COVID. To my surprise, they do not have this information, only broad information on the percentage of people vaccinated and unvaccinated in each county and separate information on hospital admissions for COVID without vaccine status listed. THERE WAS NO ATTEMPT TO STUDY IF VACCINATED PEOPLE ARE MORE OR LESS LIKELY TO BE ADMITTED TO A HOSPITAL FOR COVID TREATMENT! In summary we do not have evidence of vaccines reducing COVID morbidity or mortality but what we do have is ample evidence of the increase in overall mortality caused by the C-19 experimental injections. Currently, there are 1,103,891 adverse events reported to the vaccine adverse events reporting system (VAERS) for COVID-19 injections alone. When considering that only a fraction of adverse events is reported (1% according to a Harvard study), the real numbers are certainly much higher. The VAERS reports are vetted by CDC staff before becoming publicly available. Of those adverse events, there have been 32,426 reports of myocarditis/pericarditis. There is no public access to the V-safe database and NO opportunity for independent scientists to access their data. Images from OpenVAERS.com and White Coat Summit, Dr. Ryan Cole. The VAERS reports are supported by recent data from the Defense Medical Epidemiological Database (DMED), in which it was found: below are summarized 2021 (+ vaccine) numbers % change relative to 2020 (- vaccine). Total Number of Diseases & Injuries Reported by Year (Ambulatory) up 988% in "uncorrected" data, down 3% in "corrected" data (This is basically a control for the data set). Total Number of Diseases & Injuries Reported by Year (Hospitalization) up 37%

Total Number of Diseases of the Nervous System by Year up 968% Total Number of Malignant Neuroendocrine Tumor Reports by Year up 276% Total Number of Acute Myocardial Infarct Reports by Year up 343% Total Number of Acute Myocarditis Reports by Year up 184% Total Number of Acute Pericarditis Reports by Year up 70% Total Number of Pulmonary Embolism Reports by Year up 260% Total Number of Congenital Malformations Reports by Year up 87% Total Number of Nontraumatic Subarachnoid Hemorrhage Reports by Year up 227% Total Number of Anxiety Reports by Year up 2,361% Total Number of Suicide Reports by Year up 227% Total Number of Neoplasms for All Cancers by Year up 218% Total Number of Malignant Neoplasms for Digestive Organs by Year up 477% Total Number of Neoplasms for Breast Cancer by Year up 469% Total Number of Neoplasms for Testicular Cancer by Year up 298% Total Number of Female Infertility Reports by Year up 419% Total Number of Dysmenorrhea Reports by Year up 221.5% Total Number of Ovarian Dysfunction Reports by Year up 299% Total Number of Spontaneous Abortion Reports by Year DOWN by 10% Total Number of Male Infertility Reports by Year up 320% Total Number of Guillain-Bare Syndrome Reports by Year up 520% Total Number of Acute Transverse Myelitis Reports by Year up 494% Total Number of Seizure Reports by Year up 298% Total Number of Narcolepsy & Cataplexy Reports by Year up 352% Total Number of Rhabdomyolysis by Year up 672% Total Number of Multiple Sclerosis Reports by Year up 614% Total Number of Migraine Reports by Year up 352% Total Number of Blood Disorder Reports by Year up 204% Total Number of Hypertension (High Blood Pressure) Reports by Year up 2,130% Total Number of Cerebral Infarct Reports by Year up 294%

The increased cases of mortality in the vaccinated are corroborated by the One American Life Insurance Company. They found a 40% increase in mortality in those aged 18-64 that correlates perfectly to the vaccine rollout dates. The increased cases of vaccine deaths have been confirmed by case studies, autopsies, post-mortem pathology results, and morticians worldwide.

Embalmers, Mr. Hirschman, and others are seeing unusual clots in 50% to 93% patients with many of those patients confirmed as having been vaccinated. No one can ignore the large increase in young, healthy athletes dying or collapsing on the field from cardiac arrest, arrhythmia, or myo-pericarditis. A paper written by Dr. Bhakdi and Dr. Burkhardt examined the pathology of those who died after being vaccinated. They found that 93% of those deaths were caused by the COVID-19 vaccines even though the coroner did not implicate this on any of the death certificates.

How the Data Presented by the Technical Advisory Group (TAG) who advises the Washington State Board of Health (WSBOH) looks good on the surface but is incredibly misleading.

1. They use a relative risk reduction approach rather than an absolute risk reduction calculation.
2. The majority of the placebo group crosses over into the inoculated group, which means it's no longer a randomized controlled trial.
3. They do not use an unvaccinated control group, the control group is given another type of vaccine, again not a randomized controlled trial with a placebo.

Below is an image of how they should have designed their control groups from the Canadian Covid Care Alliance.

4. They did not show the overall increase in illness and death in the COVID vaccinated treatment group.
5. The rates of severe COVID symptoms in children are so low their study design and test subject numbers are completely inadequate.
6. They did not test for disease biomarkers such as D dimer, C-reactive protein, troponins, occludin, claudin, blood oxygen levels, or for serum HMGB1, CXCL13, and Disckkopf-1 (markers for increased predisposition to autoimmune disease.)
7. Testing if the COVID-19 injections reduce the spread of disease and transmission was not studied as an endpoint. There is no evidence that they reduce the spread of the disease, especially in children.
8. The presented data was obtained with the RT-PCR test that is no longer recommended by the CDC because of the unacceptable rate of false positives and failure to determine contagiousness. There are different protocols for testing vaccinated and unvaccinated individuals with different cycle count thresholds to falsely elevate case numbers in the unvaccinated. In addition, unvaccinated adolescent athletes are subject to frequent testing again falsely elevating cases in the unvaccinated.
9. The Pfizer trials did not test all participants for COVID-19. This trial design subjectivity left it up to the investigator to decide whether to test and another reason for unreliable results.
10. Pfizer and the FDA have been battling in court to keep their safety data confidential for 55 and then 75 years. How can the TAG group make an educated

From: Lena Maples
Sent: 2/18/2022 11:16:50 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Do not do this. Families need to retain rights over the health and well being of their children

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: johannadouglas74@gmail.com
Sent: 2/17/2022 8:35:34 AM
To: DOH WSBOH
Cc:
Subject: COVID VAX REQUIREMENT

External Email

I am a parent and grandparent of school children in this state. I pulled my kids and grandkids out of school because they were being forced to wear masks which were giving them headaches and impeding their learning. I don't have any issues with current vaccinations for children that have been in our environment for years... this is a whole other game. The fact that you are even thinking about making it a requirement says that you don't give a shit about our kids lives and well being! The FDA is caught on camera stating it's not safe and the only reason they are pushing it is because of the pharmaceutical companies paying the big bucks. So spare us all the dialogue about keeping people "safe" from the virus. It's a glorified flu. The kids will be fine. Let them live normal lives, period. If you require it, we know it's for the money and their lives are on your heads...

Johanna Carveth

509-641-0888

From: Davis, Michelle (SBOH)
Sent: 2/16/2022 9:44:46 PM
To: DOH WSB OH
Cc:
Subject: FW: February 17.2022

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%7C019>

| Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH%2F>

| Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C019>

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:35 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@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%2>

<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%2Fproduct%2Fpdf%2FR%2FR46913>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710%2Fdownload>

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%2F>

Injuries.... Lots of injuries

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

<<https://gcc02.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%2Fdefault%2Ffiles%2Fenforcement%2Fdirectives%2FCPL_02-00-158.pdf&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb9f832ec76bf4b62800e08d9f1d89986%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%2Falethonews.com%2F2021%2F11%2F6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb9f832ec76bf4b62800e08d9f1d89986%7C>

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%2F25903751/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F18500410/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33254499/>

<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](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMp2006372)

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%7Cb9f832ec76bf4b62800e08d9f1d89986%7C11d](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%7Cb9f832ec76bf4b62800e08d9f1d89986%7C11d89986%7C)

<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%7Cb9f832ec76bf4b62800e08d9f1d89986%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb9f832ec76bf4b62800e08d9f1d89986%7C11d89986%7C)

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: Venita Benitez
Sent: 2/16/2022 12:38:55 AM
To: wine.stew@gmail.com, Arthur Weiner
Subject: Drop mask mandate

External Email

You know masks don't work and obviously so does the NFL...don't make my family quite you like we quite the NFL...we're gonna drop "public school " aka public indoctrination camp like its hot...

WE THE PEOPLE ARE AWAKE and AWARE of all the little financial goodies you school boards get to move this devious agenda forward. Let the truth be known that any illegal findings down the road will be used directly against you for the decisions you are making. Masking children earns your district money. So in good consciousness does it make sense to harm a child's wellbeing for money??? Brainwash a child to think a certain way via critical race theory because money will trickle down to you? Harm a child with experimental drugs to ensure Big Pharma kickbacks??

STOP STOP STOP NOW!!!!!!!!!!!!!!!!!!!!!!

On Wed, Feb 16, 2022 at 12:16 AM Arthur Weiner <theweiners@outlook.com
<mailto:theweiners@outlook.com> > wrote:

Dear Educators and Government Officials,

Stop playing COVID with our children. Stand up for freedom and liberty. There's still an opportunity for you all to save face, admit your mistakes, reverse course, and re-establish the trust you so thoroughly trampled. The time to act is now.

Sincerely,

Arthur Weiner

Parent of 3 LWSD students

From: Ja'Nielle Harris
Sent: 2/20/2022 2:59:17 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Ja'Nielle Harris

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/23/2022 9:15:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Trisha Howarth <trishahowarth@gmail.com>
Sent: Wednesday, February 23, 2022 8:11 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: Jessica Dowell
Sent: 2/16/2022 11:34:29 PM
To: Hannah Markham
Subject: Re: SELF-PRESERVATION

External Email

SUPER BOWL 2022!!

What a show, right!?

NOT!

Let's face it, the jokes over.

Surrender your self- preservation and stop the madness.

Thousands of parents and children who watched the hypocrisy of the super bowl are done.

Fed up!

Stop being a puppet in the show.

Stop the madness.

Our kids deserve better then this!

They deserve the grow in a true learning environment where they can see smiling faces, communicate and engage with their fellow peers and teachers. These are the tools that develop a child.

NOT MASKS to comfort the few who live in fear.

Dumbing down the curriculum to create stupid kids because of mask mandates is an over step to the trust us parents put into the school system!

Which path are you taking!? Have you forgotten our world history? Don't stand by and allow our freedoms to be taken away!

From: Micole Wyman
Sent: 2/17/2022 1:24:57 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: Pskowski, Samantha L (SBOH)
Sent: 2/15/2022 12:53:51 PM
To: DOH WSBOH
Cc:
Subject: FW: NO To covid vaccine requirements

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Gillian Morrison <gmosmo@gmail.com>
Sent: Tuesday, February 15, 2022 12:51 PM
To: sboh@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>; nathaniel.thai@sbohwa.gov
Subject: NO To covid vaccine requirements

External Email

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy with no long term data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. The vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children. Taking away medical choice is unconstitutional and illegal and the conversation about it must end. Please advise accordingly!

Gillian Morrison

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

From: Stephen Hart
Sent: 2/26/2022 5:28:20 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: paulwcampbell
Sent: 2/22/2022 8:22:47 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Paul Campbell

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: DOH Information
Sent: 2/17/2022 8:37:26 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\65E89A63443F47B9_image001.png

Good Morning,

Below is public comment on the vaccine requirement of 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%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Wednesday, February 16, 2022 10:55 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:

Please do not require COvid INJECTIONS for entry into school. Many children have had adverse effects from these INJECTIONS ESPECIALLY boys getting Myocarditis. I completely am against covid INJECTIONS for children. Mary M.

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:

M k Mitchell

Email:

mkmitch71@gmail.com <mailto:mkmitch71@gmail.com>

Telephone:

3603568529

5.

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

mkmitch71@gmail.com <mailto:mkmitch71@gmail.com>

From: margohaleybrown
Sent: 2/24/2022 12:39:02 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://rumble.com/vvojcs-new-york-times-bombshell.html>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Margo Brown
Silverdale, Wa

Sent from my Verizon, Samsung Galaxy smartphone

From: Erin Hardwick
Sent: 2/24/2022 12:36:28 PM
To: DOH WSOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Cbbc9b318bab24e522c2708d9f7d5307b%7>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40soh.wa.gov%7Cbbc9b318bab24e522c2708d9f7d5307b%7>

Reason 3: The Vaccine does not reduce transmission: <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%40soh.wa.gov%7Cbbc9b318bab24e522c2708d9f7d5307b%7>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Erin Hardwick

From: DOH WSBOH Immunizations
Sent: 2/16/2022 12:44:40 PM
To: DOH WSBOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

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 16, 2022 11:13 AM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

From: Judy Holmes <jbholmes@nwlink.com <mailto:jbholmes@nwlink.com> >
Sent: Wednesday, February 16, 2022 12:43 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
<mailto:Caitlin.Lang@sboh.wa.gov> >
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Lang,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist,

Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Elizabeth Delgatto
Sent: 2/27/2022 7:02:11 PM
To: DOH WSBOH
Cc:
Subject: Requirement for students to receive COVID vaccines

External Email

Dear Sir or Madam;

There is absolutely zero scientific justification for a COVID-19 vaccine to be required for students. Students are a a greater risk of dying from car accidents than from COVID-19. Please do not pass this legislation.

Thank you,

Elizabeth Delgatto

From: Robert Holte
Sent: 2/24/2022 11:51:32 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: Kahler, Kelie (SBOH)
Sent: 2/23/2022 3:33:19 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Trisha Howarth <trishahowarth@gmail.com>
Sent: Wednesday, February 23, 2022 8:11 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: Glasoe, Stuart D (SBOH)
Sent: 2/16/2022 7:11:29 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:35 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid mandatory for school age children.

Remember that these Covid vaccines are:

1) under Emergency Use Authorization and are still Experimental.
2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.

3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <mailto:Flothow@hotmail.com>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Becky Miskimens
Sent: 2/17/2022 5:33:59 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: Lorie Elkin
Sent: 2/25/2022 3:41:36 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: cindy Brediger
Sent: 2/19/2022 6:07:32 PM
To: DOH WSBOH
Cc:
Subject: Urgent Policy Decision

External Email

To the Members of the Board of Health,

I strongly appeal to you to oppose the inclusion of Covid-19 injections as part of school immunization requirements.

We have science that proves the jab presents greater potential risk to our children than Covid-19.

Children are low risk recipients of Covid-19, They are unlikely to transmit it to parents and grandparents. It's more likely that adults would pass the disease to them.

The Covid shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children. There are many documented cases of myocarditis in children, especially boys, related to these jabs, which can leave damaging long term effects, even fatalities.

This vaccine has Emergency Use Authorization only.
Any person, including children, who receives the shot, is participating in a massive experiment.

As negative injuries from the jab are surfacing more and more, we do not want our board to have been responsible for this damage to our children. The risk is too great.

Thank You For Your Consideration,

Cindy Brediger
Former Parent/ PTA Volunteer

Shoreline Resident

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/17/2022 9:07:53 AM
To: DOH WSOH
Cc:
Subject: FW: Public Comment for State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022

From: Kurt Hatlestad <kmhatlestad@gmail.com>
Sent: Wednesday, February 16, 2022 3:06 PM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@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: 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

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F98963fd7-619d-428f-a513-3cdeb6e1eb20>
for Windows

From: Michelle Ranous
Sent: 2/17/2022 3:01:30 PM
To: DOH WSBOH
Cc:
Subject: No vaxxx mandates for our kids

External Email

Do NOT require vaccine for our kids. It's stupid and we will pull our kids.

Michelle Ranous

From: Nancy the Soul Dancer
Sent: 2/16/2022 3:53:16 PM
To: Mueller, Martin (K12), Abdelmalek, Dimyana
(DOHi), FBell@wcaap.org, londeck@nasn.org, glynych@oesd114.org, mybarra@mlchc.org, Jake@arcsno.org, be
Jennifer
(DCYF), Bill.Kallappa@k12.wa.us, shauna.muendel@doh.wa.gov, crodriguez@pnwu.edu
Subject: TAG team zoom meeting Thurs. Feb. 17 246-105WAC

External Email

Hello, Distinguished Professionals,

Here are my comments for the TAG meeting tomorrow, Thurs. Feb. 17 to address the addition of the highly controversial COVID shot to the existing 246-105WAC:

It appears that there is only one point of view being offered in the BOH TAG agenda. It is tantamount to this issue that other expert information, research and data reporting be considered.

For example:

1. VAERS reporting system has received more reports of injury from the COVID19 vaccine in the last 12 months than they have received in all of its 30 years of reporting all added together. These injuries include permanent disability, miscarriages and stillbirths, heart attacks, strokes, and deaths. Harvard U. estimates that these thousands of injuries are under-reported with only 1% reporting.

2. U.S. Senator Ron Johnson held a Senate inquiry, interviewing many family members of those injured and those who lost loved ones from taking this vaccine.

3. LAST but NOT LEAST: the Full Text of Dr. Malone, creator of mRNA, Statement (Dec. 15, 2021)

My name is Robert Malone, and I am speaking to you as a parent, grandparent, physician and scientist. I don't usually read from a prepared speech, but this is so important that I wanted to make sure that I get every single word and scientific fact correct.

I stand by this statement with a career dedicated to vaccine research and development. I'm vaccinated for COVID and I'm generally pro-vaccination. I have devoted my entire career to developing safe and effective ways to prevent and treat infectious diseases.

After this, I will be posting the text of this statement so you can share it with your friends and family.

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. [End of quote.]

Censorship of this and other legitimate dialogue and scientific reporting is an indication of you being afraid to let the truth out and to allow opposing data. It is a violation of freedom of speech and information. The WSBOH will be held responsible and accountable for their nefarious actions. It has been said that you are good people in a corrupt system. You have a choice to stand up, wake up to this or be a part of crimes against humanity...especially our children!

I speak for hundreds of thousands parents, grandparents, well informed concerned

citizens! LISTEN to our voice!...and your conscience!

P.S. In summary, I appeal to your scientific minds and your compassionate hearts to consider the seriousness of this matter. The WSBOH is on the wrong side of this issue and there will be hell to pay if this passes and school children will be required to take this "vaccine". BTW, the CDC had 5 criteria to be met for a product to be considered an actual vaccine. None of these shots, Pfizer, Moderna, nor J&J, met these 5 criteria. So recently the CDC added a 6th criteria (after the fact ,of a whole year roll out of these shots) which now says " has the mRNA ingredient".

This is not rocket science to see through this narrative. It has never been about safety or health. It is about big corporation and political profit and greed as public opinion is being manipulated by media and government misinformation using fear, censorship and propaganda MUCH to the detriment of the people, the economy and our way of life as a whole!!!

Signed, A deeply concerned parent, grandparent, retired educator and American patriot.

From: andrea belanger
Sent: 2/17/2022 3:01:54 PM
To: DOH WSBOH
Subject: Opposed to COVID vaccine requirement for school

External Email

To those making policies and guidelines regarding the Covid-19 injections as part of school immunization requirements using WAC 246-105,

As a mother of three school aged daughters, I am strongly opposed to requiring students to receive a COVID vaccine in order to attend public school. There has certainly not been enough time to know what types of long term effects these vaccines will have on our children. We are still learning about the virus! First, it was gaiters were acceptable. Then it was any kind of mask was sufficient. Then it was N95 masks only. Now even the governor of the state of Washington has lifted the mask restrictions (also see the Super Bowl, the Emmy Awards, etc). First it was use Clorox wipes on everything. Then we learned COVID isn't passed through touching objects...

WE ARE STILL LEARNING ABOUT THIS VIRUS!

I understand highly recommending a vaccine. And then a second shot. And then a booster. And possibly more. How many will be required? If you don't know the answer to that question, how can you mandate the vaccine?

Please, do not require our sons and daughters to be forced into vaccination. Do not hamstring our public educators by forcing them to find additional educational formats because some parents will not vaccinate their sons and daughters in order to attend in-person learning (the most efficient format for school-aged children).

Just as flu shots are encouraged but not required, please do not require a COVID vaccine.

Andrea Belanger
13036 Roosevelt Rd
Snohomish, WA
98290
269.330.7697 <tel:269.330.7697>

From: Van Rooyen, Brenda
Sent: 2/24/2022 9:37:36 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

To whom it may concern,
I appreciate all of your hard work in trying to keep everyone safe and healthy over the last 2 years.

My observations as an educator is that the students I teach at the high school (ages 14-19) have successfully recovered from Covid if they have contracted it. In addition, we have observed natural immunity in masses continue to help those students fight latest outbreaks. Our school has continued to stay healthy and very few students have been absent due to covid infection this school year 2021- present.
I do not feel that a required vaccine is necessary and is an overreach.

Thank you for your consideration
Brenda VanRooyen

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

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From: Susan Prosser
Sent: 2/17/2022 4:37:10 AM
To: DOH WSBOH
Cc:
Subject: No mandate for children's vaccine - they are experimental & unconstitutional

External Email

Hello.

I oppose with every ounce of my being - I am
Against mandatory vaccinations for kids to go to school. These vaccines are experimental
and we do not have long-term case studies to show what they do to children.

This is unconstitutional and tyrannical.

Susan Prosser
Whatcom
County. FRCUprosser@gmail.com <mailto:FRCUprosser@gmail.com>

From: Susan Elliott
Sent: 2/18/2022 8:43:43 AM
To: DOH WSBOH
Cc:
Subject: DO Not vaccinate our kids

External Email

To the DOH

My Child's body is my Choice, not yours.

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots

Susan Elliott

From: Mitchell, Brittini M (DOH)
Sent: 2/17/2022 11:19:01 AM
To: DOH WSBOH
Cc:
Subject: Re: Covid Vaccine in School

Please respond as appropriate – thank you!

Message was attached to: Re: Covid Vaccine in School

From: Jaclyn Swanson
Sent: 2/17/2022 10:33:42 AM
To: Weed, Nathan (DOH), Peterson, Kristin I (DOH), Perez, Elizabeth (DOH), DOH Secretary's Office, Bayne, David M (DOH), Todorovich, Jessica L (DOH), Kwan-Gett, Tao (DOH), DOH Secretary's Office
Cc:
Subject: Mandating covid vaccine for children to go to school

External Email
Hello there!

I'm watching your meeting today. As far as I'm concerned, if there are any risks whatsoever to your heart, especially in my child's heart, that's too big of a risk. Especially when you already have heart issues in your family. It's funny how you lump teenagers in with adults sometimes, but then with the children others. Teens are still children. I will not risk my child's health so you can get rich off of your experimental "vaccines".

Also it's funny how you're basically trying to make the VAERS report unreliable because anybody can report on it. Just another way for you to try to hide the bad things that are happening to our people from your experimental "vaccines".

Getting sick is a normal part of life, that's why we have immune systems to fight off bacteria and viruses. The fact that you're trying to force everyone to get your experimental "vaccine" so they don't have to be a little inconvenienced by getting sick for a week or two is just ridiculous. And funny how you say that the "vaccine" doesn't mutate genes whatsoever.

My mother in law has cancer and an extremely rare gene mutations going on in her body right now. The doctors are stumped. And yeah, she was brainwashed enough to get all your experimental "vaccines" and boosters. And she's so brainwashed that she doesn't think that your experimental "vaccine" is what's causing her issues right now. But I know better.

There are no side effects that are acceptable to your experimental "vaccine". I'd rather my children and everyone I know and love get covid before they take your experimental "vaccine".

I'll say it again, if you make this a requirement for children to go to school, you will be losing many many children including mine. I will not subject my children to your tyranny and bullying.

Thank you very much,

Jaclyn Swanson

----- Forwarded message -----

From: Jaclyn Swanson <jackieswanson@gmail.com>
Date: Fri, Nov 5, 2021, 11:55 AM
Subject: Mandating covid vaccine for children to go to school
To: <wsboh@sboh.wa.gov>

To whom it concerns:

I am writing to you today as a concerned citizen and parent of 3 children in Washington State Schools. We will not vaccinate our children. What is new and concerning is the direction that it would appear many states are going with - mandating vaccines for school age children to attend public school. Many of the VBRPAC doctors were concerned that their approval would result in mandates of this vaccine. Many approved just because they didn't want to deny high risk children access to this vaccine. I implore you to listen to these doctors.

I keep on hearing people speaking about how vaccines have always been required to go to school, that's true, but this vaccine can't be equated to that. We don't know the impact of these vaccines on our children - we don't know what these could cause in 10-15 years. As Cody Meisner, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccine is safe. We have tested that vaccine for decades. And we know, we have a very good sense, of what the adverse events are. We do not have that with this particular messenger RNA vaccine." There has always been an option to opt out of vaccines with little to no issue from the school districts. As school districts will follow your recommendation, I implore you to NOT make the Covid 19 vaccine required to attend public school in Washington State. By mandating this in the Washington State schools you would be leaving children out, many children who have shouldered so much burden already.

Hearing the terms "safe and effective" with regards to the COVID vaccine isn't accurate. We know that it was "safe" for around 2000 children country-wide, we know that it "may" also be effective for 2 months. We don't know beyond that. The Pfizer Study was very limited in scope and time.

I shouldn't have to uproot my children from all they've known because they'll be excluded from Washington State Schools. As a parent, I should have the choice about the medical procedures my children receive. My daughters, who are normally very shy and dislike going to school, chose to go in person. I gave them the option of online. They'd been cooped up too long. This simply isn't right. It's cruel and borderline mental abuse. How much stress have they been under the last 18 months, only to have this stress and burden added.

The impact this will have on many families is awful. Many will be forced to homeschool their children which will result in job loss due to the hours needed to facilitate these needs. The impact on our most vulnerable children would be great and many would never recover.

Not to mention, these mandates are unconstitutional, against the Civil Rights Act and the Nuremburg Code.

Thank you in advance for hopefully making decisions that take into account the entire population of Washington State and not just the ones that are most vocal. And I hope you realize how unconstitutional this is.

Regards,

Jaclyn Swanson

From: B Thomas
Sent: 2/17/2022 1:53:20 PM
To: DOH WSBOH
Cc:
Subject: Vote no Feb 17th regarding covid vaccine on kids

External Email

Please know I do not have children and my plea is to not vaccinate kids for covid with the mRNA.

Please vote no.

Thank you.

Brian Thomas

From: Melanie PASCO
Sent: 2/26/2022 7:47:10 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: Aaron Heinrichs
Sent: 2/17/2022 2:41:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I recently tuned into Senator Ron Johnsons round table featuring a panel of experts speaking in regards to our current state of affairs.

These individuals were many with decades of experience in medicine including the creator of the MRNA technology (Dr. Malone) and the most widely published contributor in regards to all things Covid-19 with a special emphasis on cardiology (Dr. McCullough).

The entire panel cited internal corruption and gaps in the data that was being cited in addition to studies that indicates that over a half a million lives could have been saved with timely treatment with inexpensive and readily available drugs.

The data points to an agenda that to me feels very dark and short sighted. These vaccines have not met the safety protocols to require our children to participate in their experiment.

I am against making these vaccinations a requirement for school attendance until more thorough information, studies, and research is conducted including why the DOH has absolutely no other early treatment protocols for this virus and why those who sought to save lives using their expertise and experience were threatened with losing their jobs.

There is much explaining to do.

DO NO HARM.

Sincerely,

Aaron Heinrichs
WA State Resident and concerned parent of 3 presently VERY HEALTHY boys.

For reference:

https://youtu.be/asw_FBipVpg

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

From: Jason Triche
Sent: 2/17/2022 1:44:06 PM
To: DOH WSBOH
Cc:
Subject: BoH Meeting -- question

External Email

BoH Members,

There has been a lot of discussion and presentation data related to the overall impact of c-19 on the healthcare system. There are very real issues associated with this, but the BoH is having this meeting in order to determine the impact of requiring the injections on our school-age children. and this has nothing to do with covid's impact on the healthcare system or healthcare workers. This should be a very focal point in the conversation, not the "broad strokes" that are being used at present (1340 PST).

Jason Triche
Sammamish, WA

From: Hoff, Christy Curwick (DOH)
Sent: 2/15/2022 12:57:21 PM
To: DOH WSBOH
Cc:
Subject: FW: NO To covid vaccine requirements

From: Gillian Morrison <gmosmo@gmail.com>
Sent: Tuesday, February 15, 2022 12:51 PM
To: sboh@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>; nathaniel.thai@sbohwa.gov
Subject: NO To covid vaccine requirements

External Email

I am asking that you NOT make covid vaccines a requirement for school children. Not all parents are comfortable injecting their children with an experimental therapy with no long term data available, especially when there is very low risk of hospitalization and death in this subset of the population. Additionally, the recent variant, omicron, is even less severe than the original strain and will likely continue to mutate to an even less dangerous variant. The vaccine does not reduce the spread of the new variants, therefore it is not efficacious nor justifiable to require this vaccine for school children. Taking away medical choice is unconstitutional and illegal and the conversation about it must end. Please advise accordingly!

Gillian Morrison

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

From: Dan Bogar
Sent: 2/25/2022 8:18:36 AM
To: DOH WSBOH,DOH Secretary's Office,mike@mikekreidler.com
Cc:
Subject: Violent warning signal for coded side effects of vaccination after corona vaccination.



attachments\DEBCAD3209284999_brief PEI_bin-237107021.pdf

External Email

Dear Dr. Shah and Honorable Mike Kreidler

A database investigation including 10,937,716 insured customers of Pro Vita (German insurance company) estimated that in 2021 four to five percent of vaccinated people received medical treatment because of side effects of the vaccination. Within Washington state 16,809 people had reactions to COVID vaccines classified as "serious" as captured by the VAERS database during calendar year 2021 (data as of 1/14/22). However the VAERS seriously underreports cases as demonstrated in several studies. Similar studies should be accomplished in Washington as our insurance organizations are institutionally capable to accurately assess risks.

Are insurance companies in Washington coding and capturing COVID vaccine adverse reactions and reviewing for statistical evaluations in Washington?

Given the urgency of the issue and public health and school board meetings occurring in the near future, feedback on evaluations underway or to be taken is requested by March 8 2022.

Kind regards
Respectfully
Dan Bogar

The attached letter is in German and is dated 2/2/22. For convenience a translation of the text to the attached letter is below:

Paul Ehrlich Institute
Prof. Dr. Klaus Cichutek
Paul-Ehrlich-Str. 51 - 59
63225 Langen

Dear Prof. Dr. Cichutek,

The Paul Ehrlich Institute announced in a press release that for the calendar year 2021, 244,576 suspected cases of vaccination side effects after Corona vaccination were reported.

Violent warning signal for coded side effects of vaccination after corona vaccination.

The data available to our company give us reason to believe that there is a very Significant underreporting of suspected cases of vaccination side effects after corona vaccination. I am enclosing an evaluation with my letter.

The data basis for our evaluation is the billing data of the doctors. Our sample takes place from the anonymized database of the company health insurance companies. The sample includes 10,937,716 insured. So far we have the doctors' billing data for the first half of the year 2021 and about half for the third quarter of 2021. Our query includes the valid

ICD codes for vaccine side effects. This evaluation has revealed, although, data for 2021 are not yet available, that based on the available figures, we can already identify 216,695 treated cases of vaccination side effects after corona vaccination from this sample run out. If these figures are applied to the year as a whole and to the population in

extrapolated to Germany, there are probably 2.5-3 million people in Germany under medical treatment because of vaccination side effects after corona vaccination.

We see this as a significant alarm signal, which is essential if the vaccines are to be used further and must be taken into account. The numbers can be relatively easily validated at short notice by converting the other types of insurance (AOKen, substitute health insurance companies, etc.). a corresponding evaluation of the data available to them. extrapolated in terms of the number of vaccinated people in Germany, this means that around 4-5% of vaccinated people were under medical treatment because of side effects of the vaccination.

In our opinion, there is a significant underreporting of vaccination side effects. It is an important concern to identify the causes of this in the short term. Our first guess is that, since no remuneration is paid for reporting side effects of vaccination, a report to the Paul Ehrlich Institute because of the great effort involved. doctors have us reports that it takes about half an hour to report suspected vaccine damage claims. This means that 3 million suspected cases of vaccination side effects account for around 1.5 millions of hours of work required by doctors.

That would be almost the annual work performance of 1000 doctors. This should also be clarified in the short term. Therefore, a copy of this letter is also sent to the German Medical Association and the National Association of Statutory Health Insurance Physicians.

The National Association of Statutory Health Insurance Funds also receives a copy of this letter with the request to obtain appropriate data analyses from all health insurance companies.

Since danger to people's lives cannot be ruled out, we ask you for Feedback on the measures taken by February 22, 2022, 6:00 p.m.

Kind regards

Andreas Schoefbeck
Board

Copies of the letter are also sent to:

National Association of Statutory Health Insurance Funds

German Medical Association

National Association of Statutory Health Insurance Physicians

Standing Committee on Vaccination

BKK umbrella association

BKK ProVita - 85217 Bergkirchen

Paul-Ehrlich-Institut
Prof. Dr. Klaus Cichutek
Paul-Ehrlich-Str. 51 - 59
63225 Langen

Es betreut Sie:
Andreas Schöffbeck
Münchner Weg 5
85232 Bergkirchen
T 08131/6133-1000
F 08131/6133-91000
Andreas.Schoefbeck@bkk-provita.de

21.02.2022

Heftiges Warnsignal bei codierten Impfnebenwirkungen nach Corona Impfung

Sehr geehrter Herr Prof. Dr. Cichutek,

das Paul Ehrlich Institut hat mittels Pressemitteilung bekannt gegeben, dass für das Kalenderjahr 2021 244.576 Verdachtsfälle für Impfnebenwirkungen nach Corona Impfung gemeldet wurden.

Die unserem Haus vorliegenden Daten geben uns Grund zu der Annahme, dass es eine sehr erhebliche Untererfassung von Verdachtsfällen für Impfnebenwirkungen nach Corona Impfung gibt. Dazu füge ich meinem Schreiben eine Auswertung bei.

Datengrundlage für unsere Auswertung sind die Abrechnungsdaten der Ärzte. Unsere Stichprobe erfolgt aus dem anonymisierten Datenbestand der Betriebskrankenkassen. Die Stichprobe umfasst 10.937.716 Versicherte. Uns liegen bisher die Abrechnungsdaten der Ärzte für das erste Halbjahr 2021 und circa zur Hälfte für das dritte Quartal 2021 vor. Unsere Abfrage beinhaltet die gültigen ICD-Codes für Impfnebenwirkungen. Diese Auswertung hat ergeben, obwohl uns noch nicht die kompletten Daten für 2021 vorliegen, dass wir anhand der vorliegenden Zahlen jetzt schon von 216.695 behandelten Fällen von Impfnebenwirkungen nach Corona Impfung aus dieser Stichprobe ausgehen. Wenn diese Zahlen auf das Gesamtjahr und auf die Bevölkerung in Deutschland hochgerechnet werden, sind vermutlich 2,5-3 Millionen Menschen in Deutschland wegen Impfnebenwirkungen nach Corona Impfung in ärztlicher Behandlung gewesen.

Das sehen wir als erhebliches Alarmsignal an, das unbedingt beim weiteren Einsatz der Impfstoffe berücksichtigt werden muss. Die Zahlen können in unseren Augen relativ leicht und auch kurzfristig validiert werden, indem die anderen Kassenarten (AOKen, Ersatzkrankenkassen etc.) um eine entsprechende Auswertung der ihnen vorliegenden Daten gebeten werden. Hochgerechnet auf die Anzahl der geimpften Menschen in Deutschland bedeutet dies, dass circa 4-5 % der geimpften Menschen wegen Impfnebenwirkungen in ärztlicher Behandlung waren.

In unseren Augen liegt eine erhebliche Untererfassung der Impfnutzenwirkungen vor. Es ist ein wichtiges Anliegen die Ursachen hierfür kurzfristig auszumachen. Unsere erste Vermutung ist, dass, da keine Vergütung für die Meldung von Impfnutzenwirkungen bezahlt wird, eine Meldung an das Paul Ehrlich Institut wegen des großen Aufwandes vielfach unterbleibt. Ärzte haben uns berichtet, dass die Meldung eines Impfschadenverdachtsfalls circa eine halbe Stunde Zeit in Anspruch nimmt. Das bedeutet, dass 3 Millionen Verdachtsfälle auf Impfnutzenwirkungen circa 1,5 Millionen Arbeitsstunden von Ärztinnen und Ärzten erfordern. Das wäre nahezu die jährliche Arbeitsleistung von 1000 Ärztinnen und Ärzten. Dies sollte ebenso kurzfristig geklärt werden. Deshalb ergeht eine Durchschrift dieses Schreibens auch an die Bundesärztekammer und die Kassenärztliche Bundesvereinigung.

Der GKV-Spitzenverband erhält ebenso eine Abschrift dieses Schreibens mit der Bitte entsprechende Datenanalysen bei sämtlichen Krankenkassen einzuholen.

Da Gefahr für das Leben von Menschen nicht ausgeschlossen werden kann, bitten wir Sie um eine Rückäußerung über die veranlassten Maßnahmen bis 22.2.2022 18:00 Uhr.

Mit freundlichen Grüßen



Andreas Schöfbeck
Vorstand

Das Schreiben ergeht durchschriftlich ebenso an:
GKV-Spitzenverband
Bundesärztekammer
Kassenärztliche Bundesvereinigung
Ständige Impfkommission
BKK Dachverband

From: roni dally
Sent: 2/24/2022 10:21:27 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C96dc425fa379451d0fba08d9f7c276c>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C96dc425fa379451d0fba08d9f7c276c>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C96dc425fa379451d0fba08d9f7c276c>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

From: Liz Sullivan
Sent: 2/17/2022 11:00:20 AM
To: DOH WSBOH
Cc:
Subject: NO vaccine for schools

External Email

Hello,

I have a daughter who is currently 3 years old. I have absolutely no interest in getting her vaccinated for Covid-19. If this becomes a requirement I will be homeschooling my child.

Thank you for your time,
Liz

From: Jerry Richards
Sent: 2/18/2022 7:31:17 AM
To: DOH WSBOH
Cc:
Subject: No Forced Vaccines for School-Age Children

External Email

I urge you to oppose the inclusion of Covid-19 injections as part of school immunization requirements using WAC 246-105.

This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

The vaccine presents more risk to children than Covid-19

There are many documented cases of myocarditis in children, especially boys, related to the shots

The shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.

More kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Sincerely,
Jerry Richards
(425) 533-8935

From: Haag, Hannah R (SBOH)
Sent: 2/17/2022 7:51:26 AM
To: DOH WSBOH
Cc:
Subject: FW: February 17. 2022

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:33 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@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%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F346>

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://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fprodu>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>

Listen to data about the effectiveness of vaccines here:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>

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

"29 CFR 1910.134, Respiratory Protection Standard."

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Fsites%2Fdefault%2F

158.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%7C11

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falethoneews.com%2F2021%2F11%2Fstudies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%7>

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%7CW5BOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%7C11d>

<https://swprs.org/face-masks-evidence/>
 <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%)
[evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6498db763974c6a7c4808d9f22d5a3f%)

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 pandemic 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: allen helm
Sent: 2/16/2022 5:34:19 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

What in the world are you people thinking making children take this vaccine. Our daughter and son in law moved to Florida with our 3 grandchildren because they didn't want their children to become guinea pigs for some politician. This vaccine has not been tested long enough and no one knows the long term effects it could have. Please don't force this on innocent children. Thank you.

From: Heidi Ochsner
Sent: 2/17/2022 2:10:00 PM
To: DOH WSBOH
Cc:
Subject: comments for the Immunizations Technical Advisory Group

External Email

Hello,

Considering all these things:

That adults in King County will soon not be required to be vaccinated to enter gyms, restaurants, theaters, etc. as of March 1st (even though these are high risk places).

That Pfizer pulled its application for 0-5 yrs old last week because it showed no efficacy,

That VAERS data continues to show unprecedented numbers of injuries and death for all people but extreme numbers for children, too, and research shows that it is estimated only 1% of all actual incidents,

That this experimental drug that enjoys a liability shield due to its experimental status on a required vaccines for school list will give it permanent immunity and parents will own all liability for injuries such as in the case for Maddie D'Gary,

That kids are known to have a less than zero chance of dying of covid,

That other countries and the majority of other states have refused to issue such a requirement for our children,

That vaccine requirements for this experimental drug are failing in courts across the country,

It has become abundantly clear that the health and safety of our children is now second priority for the DOH of WA state and that politics are first priority.

If you pass this requirement the citizens of our state will bring legal action against the DOH to ensure the agency and those involved in this travesty will be held liable.

Please acknowledge receipt of this public comment. I have not received a response to my previous public comment.

~Heidi Ochsner

From: Davis, Michelle (SBOH)
Sent: 2/17/2022 1:12:39 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines

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: Virginia Schnabel <rvschnabel@gmail.com>
Sent: Saturday, February 12, 2022 3:21 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@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: Karen Watling Parker
Sent: 2/20/2022 7:20:48 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.
Karen Parker
135 Belenski Pl
Sequim, Wa 98382

From: Glenda Martin
Sent: 2/15/2022 7:06:53 PM
To: DOH WSBOH
Cc:
Subject: Stop vaccine mandates for our children!



attachments\1B428F4551F7403F_image001.jpg

External Email

Reject COVID vaccine mandates for children! The vaccines are dangerous for children's health and are unnecessary, children are not susceptible to COVID to the degree adults are, rarely are they afflicted with COVID. Parents have the responsibility to monitor and make decisions about their children's health, not a government entity. Stop these mandates!

Glenda Martin

La Center, WA

From: Pauline Cornelius
Sent: 2/16/2022 5:25:23 AM
To: DOH WSBOH,Pauline Cornelius
Cc:
Subject: Do not make covid vaccine mandatory

External Email

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius
7248 SE Nelson Rd
Olalla. Wa. 98359
Flothow@hotmail.com

Sent from my Verizon, Samsung Galaxy smartphone

From: Angel Andrew
Sent: 2/24/2022 10:31:52 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3ca7cb2f5a204d1ba01808d9f7c3eca>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3ca7cb2f5a204d1ba01808d9f7c3eca>

Reason 3: The Vaccine does not reduce transmission:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3ca7cb2f5a204d1ba01808d9f7c3eca>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Angel Andrew

From: Schreiber, Tracy N (SBOH)
Sent: 2/16/2022 7:35:18 AM
To: DOH WSOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:40 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

1) under Emergency Use Authorization and are still Experimental.

2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.

3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <mailto:Flothow@hotmail.com>

Sent from my Verizon, Samsung Galaxy smartphone

From: Hoff, Christy Curwick (DOH)
Sent: 2/23/2022 8:18:58 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Trisha Howarth <trishahowarth@gmail.com>
Sent: Wednesday, February 23, 2022 8:11 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: Google Alerts
Sent: 2/23/2022 10:13:50 AM
To: DOH WSBOH
Cc:
Subject: Google Alert - fluoride

External Email

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%3Fso>

fluoride
Daily update ☐February 23, 2022

NEWS

Girdwood's fluoridation system has been offline for months and won't be fixed until 2024 ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Fnews%2Fanchorage%2F2022%2F02%2F22%2Fgirdwoods-fluoridation-system-has-been-offline-for-months-and-wont-be-fixed-until-2024-water-utility-says%2F%26ct%3Dga%26cd%3DCAEYACoUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUy>

Anchorage Daily News

Months after the problem started, Girdwood residents are learning that fluoridation of city drinking water there has been shut off for most of the ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshnews%2Fanchorage%2F2022%2F02%2F22%2Fgirdwoods-fluoridation-system-has-been-offline-for-months-and-wont-be-fixed-until-2024-water-utility-says%2F%26ss%3Dfb%26rt%3DGirdwood%2527s%2Bfluoridation%2Bsystem%2Bhas%2Bbeen%2Boffline>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshnews%2Fanchorage%2F2022%2F02%2F22%2Fgirdwoods-fluoridation-system-has-been-offline-for-months-and-wont-be-fixed-until-2024-water-utility-says%2F%26ss%3Dtw%26rt%3DGirdwood%2527s%2Bfluoridation%2Bsystem%2Bhas%2Bbeen%2Boffline>

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HMU honored for water fluoridation | Harlan Newspapers
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3F>

honored-water-

fluoridation%26ct%3Dga%26cd%3DCAEYASoUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYT

Harlan Newspapers

Fluoridation is the adjustment of fluoride in drinking water to a level that is effective for preventing cavities. Community water fluoridation is ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

honored-water-

fluoridation%26ss%3Dfb%26rt%3DHMU%2Bhonored%2Bfor%2Bwater%2Bfluoridation%2B%257C%2BHa

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fluoridation%26ss%3Dtw%26rt%3DHMU%2Bhonored%2Bfor%2Bwater%2Bfluoridation%2B%257C%2BHa

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honored-water-

fluoridation%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUyMjE4eUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

Fluoride Action Network says that ADA letter to NTP is based upon propaganda not science

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3D

action-network-says-that-ada-letter-to-ntp-is-based-upon-propaganda-not-

science%26ct%3Dga%26cd%3DCAEYAioUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUyMjE4eUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

EIN News

The Fluoride Action Network responds to ADA's attempt to downgrade findings of the National Toxicology Program's review of fluoride brain studies.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

action-network-says-that-ada-letter-to-ntp-is-based-upon-propaganda-not-

science%26ss%3Dfb%26rt%3DFluoride%2BAction%2BNetwork%2Bsays%2Bthat%2BADA%2Bletter%2Bto

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

action-network-says-that-ada-letter-to-ntp-is-based-upon-propaganda-not-

science%26ss%3Dtw%26rt%3DFluoride%2BAction%2BNetwork%2Bsays%2Bthat%2BADA%2Bletter%2Bto

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action-network-says-that-ada-letter-to-ntp-is-based-upon-propaganda-not-

science%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUyMjE4eUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

Silver Diamine Fluoride can help improve oral health outcomes: Study - Medical Dialogues

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3D

diamine-fluoride-can-help-improve-oral-health-outcomes-study-

88741%26ct%3Dga%26cd%3DCAEYAyoUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUyMjM

Medical Dialogues

Untreated dental caries is the most frequent childhood chronic disease worldwide. Silver diamine fluoride (SDF) offers a safe and effective ...

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diamine-fluoride-can-help-improve-oral-health-outcomes-study-

88741%26ss%3Dfb%26rt%3DSilver%2BDiamine%2BFluoride%2Bcan%2Bhelp%2Bimprove%2Boral%2Bh

%2BMedical%2BDialogues%26cd%3DKhQxMTk2MzY0ODI1ODUxODk1MTUzODIaMzA2MjI4MGEwM2VhNTIy

9hMwVU2K7FAUkkfIpzVw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d82f108d9f6

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

diamine-fluoride-can-help-improve-oral-health-outcomes-study-

88741%26ss%3Dtw%26rt%3DSilver%2BDiamine%2BFluoride%2Bcan%2Bhelp%2Bimprove%2Boral%2Bh

%2BMedical%2BDialogues%26cd%3DKhQxMTk2MzY0ODI1ODUxODk1MTUzODIaMzA2MjI4MGEwM2VhNTIy

9hMwVU2K7FAUkkfIpzVw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d82f108d9f6

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diamine-fluoride-can-help-improve-oral-health-outcomes-study-

88741%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTE5NjM2NDgyNTg1MTg5NTE1

ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

Fluoridation of five largest Tasman water supplies tipped to cost \$1.3m |

Stuff.co.nz

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%

of-five-largest-tasman-water-supplies-tipped-to-cost-

13m%26ct%3Dga%26cd%3DCAEYBCoUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUyMjM

Stuff.co.nz

At present, the council does not add fluoride to any of its water supplies ... of the Health (Fluoridation of Drinking Water) Amendment Act 2021.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

of-five-largest-tasman-water-supplies-tipped-to-cost-

13m%26ss%3Dfb%26rt%3DFluoridation%2Bof%2Bfive%2Blargest%2BTasman%2Bwater%2Bsupplies%2B

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh

of-five-largest-tasman-water-supplies-tipped-to-cost-

13m%26ss%3Dtw%26rt%3DFluoridation%2Bof%2Bfive%2Blargest%2BTasman%2Bwater%2Bsupplies%2B

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of-five-largest-tasman-water-supplies-tipped-to-cost-

13m%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTE5NjM2NDgyNTg1MTg5NTE1M

ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d8

Troubled water - Smithfield Times

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Smithfield Times

Kaleigh Beale seeks solutions to Carrsville's high fluoride. When Kaleigh Beale attended Carrsville Elementary School, she noticed something odd about ...

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshwater%2F%26ss%3Dtw%26rt%3DTroubled%2Bwater%2B-%2BSmithfield%2BTimes%26cd%3DKhQxMTk2MzY0ODI1ODUxODk1MTUzODIaMzA2MjI4MGEwM2VhNTIyM>

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COVID-19 pandemic has led to increase in child tooth decay | KABB

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3A%2F%26ct%3Dga%26cd%3DCAEYBioUMTE5NjM2NDgyNTg1MTg5NTE1MzgyGjMwNjIyODBhMDNIYTUeRkUs6Lptw0rHieZWZ8g&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a660754f7d82f108d9f6f83>

Fox San Antonio

Dental hygienists with Metro Health are doing checkups and fluoride treatments for kids enrolled in the San Antonio Independent School Districts ...

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Global Anhydrous Hydrogen Fluoride (AHF) Market 2021 Latest Trend Analysis,
Types ...

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Materials Handling

The latest MarketsandResearch.biz survey report, named Global Anhydrous Hydrogen Fluoride (AHF) Market, contains information and figures on market ...

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Potassium Fluoride Market Latest Trends 2021 and Future Scenarios up to 2031

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Market Research Blog

What is Driving Consumption rate for Potassium Fluoride? For the preparation of various organic chemicals, potassium monofluoride is used as a ...

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Aluminium Fluoride (Aluminum Fluoride) Market Size, Scope, Growth, Competitive Analysis ...

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fluoride-aluminum-fluoride-market-size-scope-
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New Jersey, United States,- The latest report published by Verified Market Reports indicates that the Aluminium Fluoride (Aluminum Fluoride)

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ohik4rEUWeXbFA38OrDVkd_uRgzts4%26ffu%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8abd06a

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External Email

Please share the attached information from Physicians for Informed Consent. These COVID "vaccines" are unnecessary and, in fact, detrimental to our kids. Do not approve them for the school schedule. Confirm by response to this email that this email and attached information has been shared with the TAG and the public watching tomorrow on Zoom. Dr Rick Allen

PS - I will be watching!

Copies shared with my Washington state legislative representatives, Physicians for Informed Consent and Informed Choice Washington

Dr Rick Allen, MS, LMT, DC

NEW EMAIL: drrickallen@icloud.com <mailto:drrickallen@icloud.com>

www.cascadewellnessclinic.com

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Cascade Wellness Clinic

663 Sunnyside Rd

Trout Lake WA 98650

home/work: 509-395-0024

cell: 503-803-2766



ASSUMPTION: The COVID-19 vaccines prevent death from COVID-19.

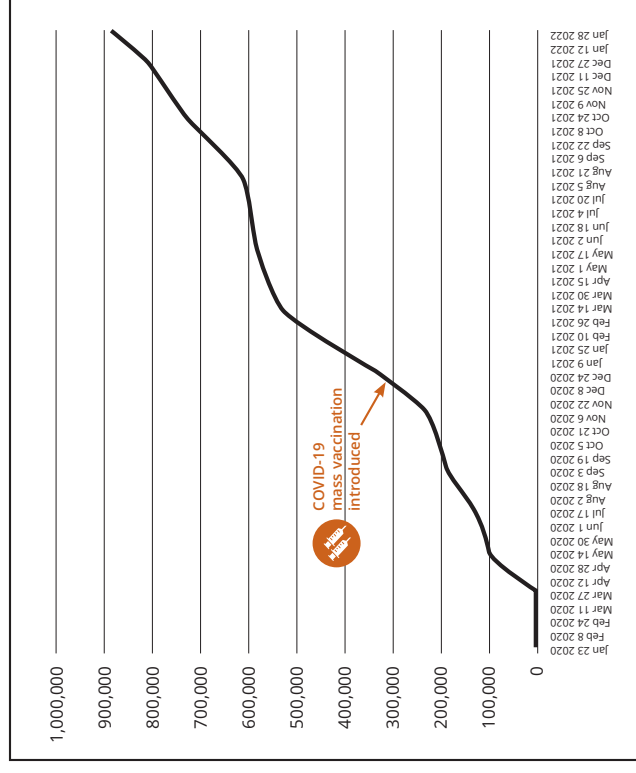


FACT:

CDC data show mass vaccination with the COVID-19 vaccine has had **no measurable impact** on COVID-19 mortality in the U.S.

In the nine months before the introduction of mass vaccination (April 2020 through December 2020), there were about 356,000 COVID-19 deaths. In the nine months after the introduction of mass vaccination, there were 342,000 COVID-19 deaths (January 2021 through September 2021), and 182,000 additional COVID-19 deaths occurred in the four months that followed (October 2021 through January 2022).

Total COVID-19 Deaths, United States⁷

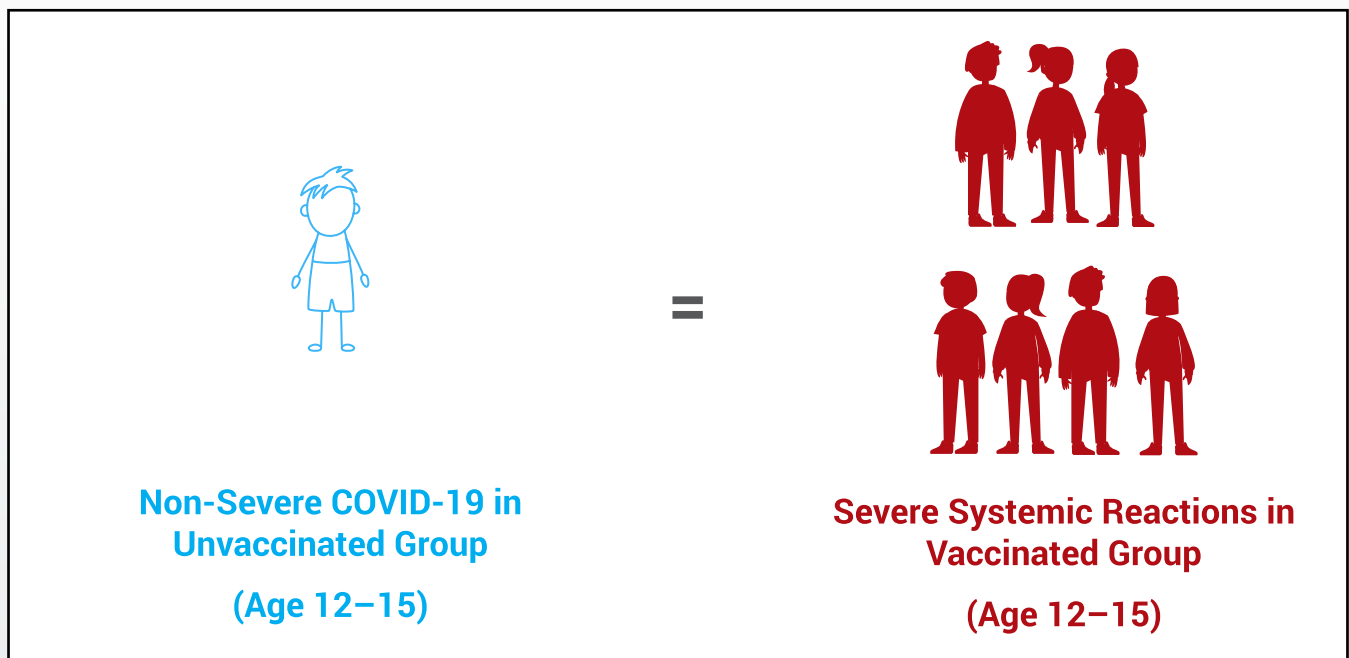


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Are Vaccine Mandates Science-Based?

In the Pfizer COVID-19 vaccine clinical trial, zero unvaccinated adolescents 12 to 15 years of age suffered a severe case of COVID-19. In contrast, for every 1 case of non-severe COVID-19 in the unvaccinated group, there were 7 cases of severe (grade 3) systemic reactions in the vaccinated group.



H

Emergency Room

The clinical trial also found that 1 in about 1,100 vaccinated children 12–15 years of age had a grade 4 systemic reaction (fever greater than 104.0° F) that required an emergency room (ER) visit. The reaction occurred within one week of the first injection and led to withdrawal from the clinical trial.



COVID-19 VACCINE MANDATES: 20 Scientific Facts That Challenge the Assumptions

ASSUMPTIONS

FACTS

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ASSUMPTION: The COVID-19 vaccines significantly reduce the spread of COVID-19, so high universal vaccination rates will prevent outbreaks and end the pandemic.



FACT 1: A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* found that “all transmissions between patients and staff occurred between masked and vaccinated individuals, as experienced in an outbreak from Finland.” The authors state that the study “challenges the assumption that high universal vaccination rates will lead to herd immunity and prevent COVID-19 outbreaks.”¹



FACT 2: A Centers for Disease Control and Prevention (CDC) study of another COVID-19 outbreak in July 2021 found that 74% of cases were fully vaccinated.²



FACT 3: A Harvard study investigating COVID-19 cases across 68 countries and across 2,947 counties in the U.S. found “no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated.”³



A study of a COVID-19 outbreak in July 2021 found that all transmissions between patients and staff occurred between vaccinated individuals.



A Harvard study investigating COVID-19 cases across 68 countries and 2,947 counties in the U.S. found no decrease in cases with an increase in vaccination.



ASSUMPTION: The COVID-19 vaccines prevent death from COVID-19.



FACT 4: There is no evidence from clinical trials that any of the vaccines prevent death because they did not have enough statistical power to measure the vaccine's ability to prevent deaths.⁴⁻⁶ The U.S. Food and Drug Administration (FDA) states, "A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality."⁴⁻⁶

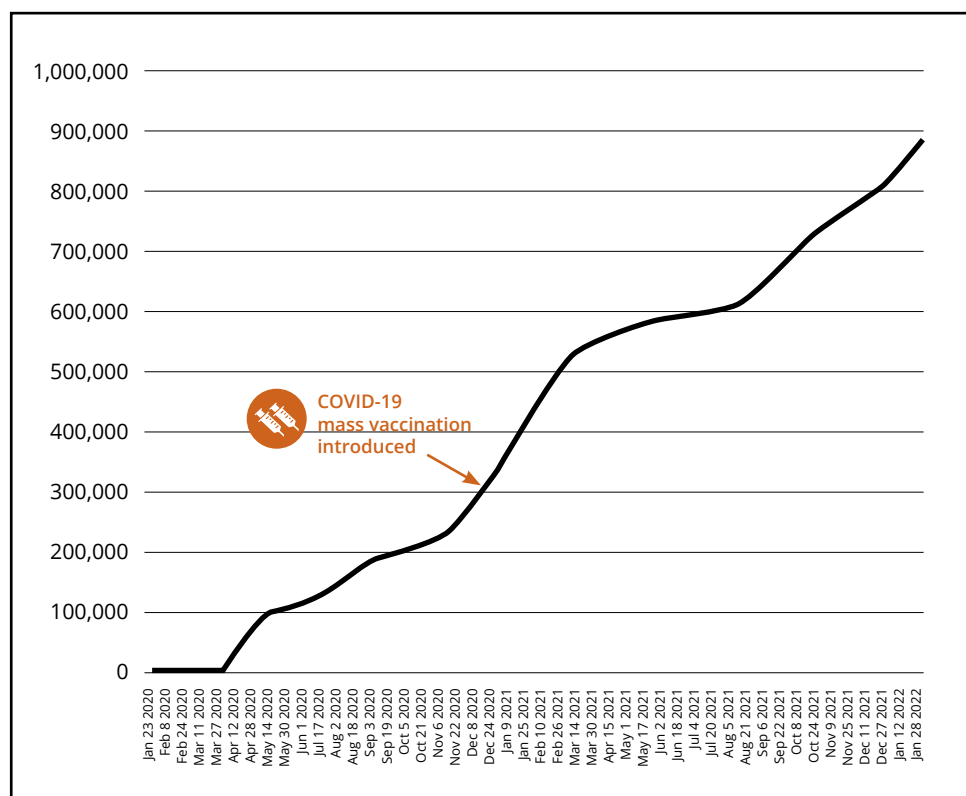


FACT 5: A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* observed that 100% of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.¹



FACT 6: CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S. In the nine months before the introduction of mass vaccination (April 2020 through December 2020), there were about 356,000 COVID-19 deaths. In the nine months after the introduction of mass vaccination, there were 342,000 COVID-19 deaths (January 2021 through September 2021), and 182,000 additional COVID-19 deaths occurred in the four months that followed (October 2021 through January 2022).⁷

Total COVID-19 Deaths, United States⁷



CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S.



ASSUMPTION: For children, being injected with COVID-19 vaccines is safer than being infected with SARS-CoV-2.



FACT 7: In the Pfizer clinical trial, there were zero cases of severe COVID-19 in children who did not receive the vaccine.^{8,9} In contrast, for children 5 years or older, the Pfizer COVID-19 vaccine clinical trial found that the vaccine causes severe (grade 3) systemic reactions that include fever greater than 102.1° F; vomiting that requires IV hydration; diarrhea of six or more loose stools in 24 hours; and severe fatigue, severe headache, severe muscle pain, or severe joint pain that prevents daily activity.⁹⁻¹²



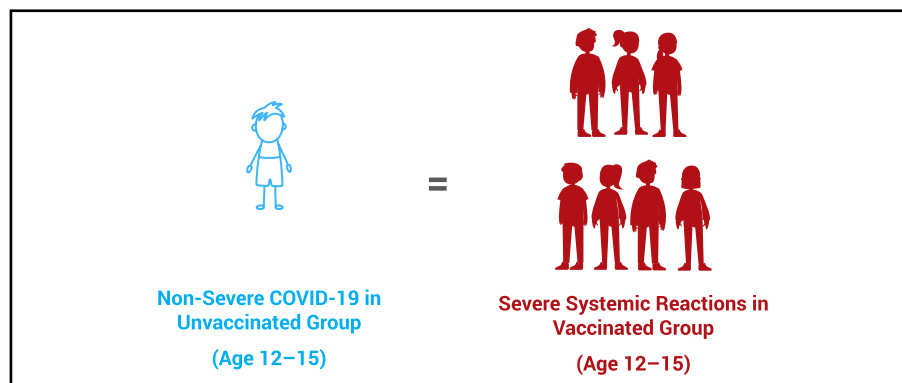
FACT 8: In the clinical trial, a range of 1 in 59 to 1 in 143 vaccinated children 5 to 11 years of age suffered severe systemic reactions within seven days of the second dose. There were 3 to 8 cases of severe systemic reactions observed in the vaccinated group for every 10 cases of non-severe COVID-19 in the unvaccinated group.⁹



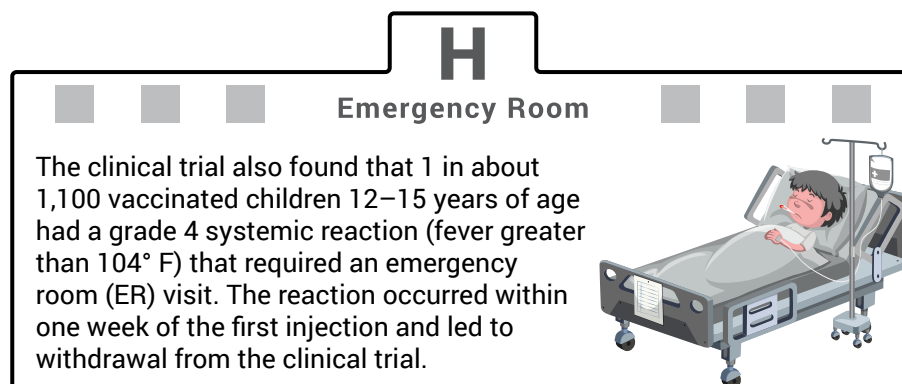
FACT 9: In the clinical trial, 1 in 9 vaccinated adolescents 12 to 15 years of age suffered severe systemic reactions within seven days of receiving the second dose. There were 7 times more severe systemic reactions observed in the vaccinated group than non-severe COVID-19 cases in the unvaccinated group.¹⁰⁻¹²



FACT 10: The clinical trial also found that 1 in about 1,100 vaccinated children 12 to 15 years of age had a grade 4 systemic reaction (fever greater than 104° F) after the first dose that required an emergency room (ER) visit and withdrawal from the study.^{10,13}



In the Pfizer COVID-19 vaccine clinical trial, zero unvaccinated adolescents 12 to 15 years of age suffered a severe case of COVID-19. In contrast, for every 1 case of non-severe COVID-19 in the unvaccinated group, there were 7 cases of severe (grade 3) systemic reactions in the vaccinated group.



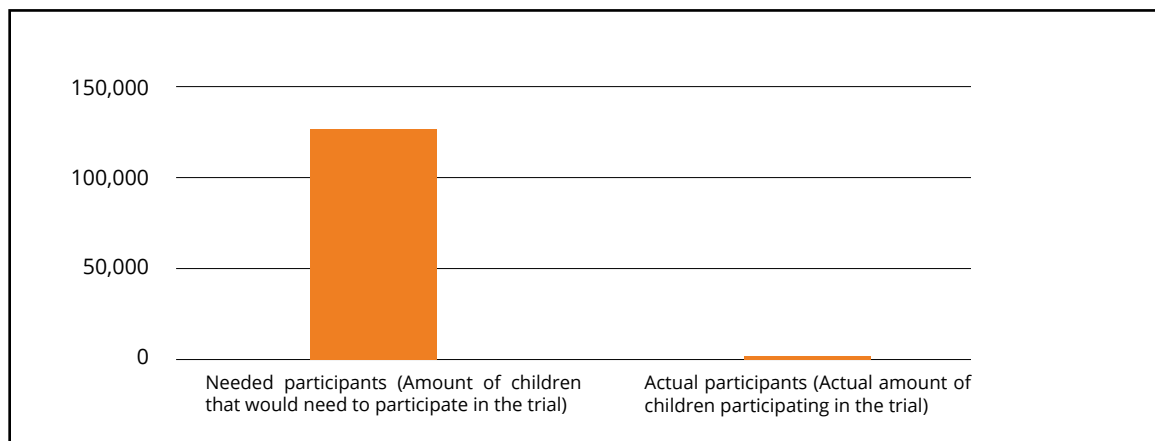


ASSUMPTION: The COVID-19 vaccine clinical trial was large enough to show safety in children.



FACT 11: The Pfizer clinical trial did not have enough statistical power to show the vaccine is safe in children under 18 years of age, as the study did not include enough subjects to establish safety (i.e., the clinical trial only included about 2,600 vaccinated children aged 5 to 15).^{9,14} In comparison, it is known that COVID-19 fatalities are rare in children. As of Nov. 3, 2021, the chance of a child 17 years or younger contracting SARS-CoV-2 and dying from COVID-19 was 1 in 126,000 or 0.0008%.¹⁵

The COVID-19 Vaccine Clinical Trial Is Inadequate to Show Safety in Children



Because the chance of a child contracting SARS-CoV-2 and dying from COVID-19 is 0.0008% or 1 in 126,000, at least 126,000 children are needed to detect one death from COVID-19. Therefore, there must be at least 126,000 vaccinated participants enrolled in the clinical trial to compare the risk of death from COVID-19 to the risk of death from the vaccine. However, only about 2,600 vaccinated children participated in the clinical trial.



ASSUMPTION: It's known that COVID-19 vaccines have no long-term side effects.



FACT 12: Because all subjects in clinical trials were observed for only two to six months, the long-term safety of COVID-19 vaccines for any age group is not known. Per the FDA, there are currently insufficient data to make conclusions about the safety of Pfizer, Moderna and Johnson & Johnson vaccines in subpopulations such as pregnant and lactating individuals, and immunocompromised individuals.^{4,8,16} Per Pfizer, the vaccine "has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility."¹⁷



FACT 13: Safety surveillance reports have identified serious risks of myocarditis and pericarditis in subjects under age 40, within seven days of vaccination. In boys aged 16 or 17, the FDA has reported an excess risk of myocarditis or pericarditis of 1 in 5,000 after the second dose of the Pfizer COVID-19 vaccine.¹⁸ And in boys aged 12 to 17, also after a second dose of the Pfizer COVID-19 vaccine, a Hong Kong study found an excess risk of myocarditis or pericarditis of 1 in 2,700.¹⁹





ASSUMPTION: Booster shots will solve the problem of waning vaccine immunity.



FACT 14: The clinical trials detected that vaccine immunity wanes significantly over a short period of time. For example, the Pfizer vaccine efficacy decreased by 8% to 18% within only six months, and the Johnson & Johnson vaccine efficacy decreased by 25% to 29% within only six months.^{20,21} Additionally, the efficacy measured in the clinical trials was against the original Wuhan strain, not the new variants.



FACT 15: In clinical trials, a third dose of Pfizer or Moderna vaccine or a second dose of Johnson & Johnson vaccine has not been evaluated for efficacy against disease, but rather antibody counts were observed in a small number of vaccinated subjects for only one month.^{18,21,22}



ASSUMPTION: There are no known effective treatment or prevention options for COVID-19 except vaccines.



FACT 16: Treatments for COVID-19 have improved significantly since the pandemic began in early 2020, resulting in improved survival rates in hospitalized cases.^{23,24} Indeed, for people not living in a nursing home, the overall survival rate of COVID-19 is 99.8% in the U.S., and 99.999% for children specifically.^{25,26}



FACT 17: Hundreds of studies have observed the effectiveness of various treatments, the most studied being ivermectin, vitamin D, hydroxychloroquine (HCQ), and monoclonal antibodies.²⁷⁻³⁰ These treatments may also be beneficial for prophylaxis (i.e., pre-exposure or post-exposure prevention of symptomatic COVID-19 infections).³¹⁻³⁵



Treatments for COVID-19 have improved significantly since the pandemic began in early 2020, resulting in improved survival rates in hospitalized cases.



For people not living in a nursing home, the overall survival rate of COVID-19 is 99.8%, and 99.999% for children specifically.



ASSUMPTION: People who were previously infected with SARS-CoV-2 need to get vaccinated because natural immunity is insufficient.



FACT 18: There is evidence that previous SARS-CoV-2 infection is more effective at preventing SARS-CoV-2 infection than COVID-19 vaccines. The Johnson & Johnson COVID-19 vaccine clinical trial included over 2,000 subjects who had contracted SARS-CoV-2 before the study. The trial, which tested unvaccinated and vaccinated people uniformly, recorded the incidence of COVID-19 in that unvaccinated group at least 28 days after the vaccination of the other subjects in the study. The COVID-19 incidence of the unvaccinated group with prior SARS-CoV-2 infection was 0.1% (2/2,021), whereas the COVID-19 incidence of vaccinated subjects was 0.59% (113/19,306). These data suggest that there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.³⁶



FACT 19: Data from the Johnson & Johnson clinical trial also indicate that an unvaccinated person previously infected with SARS-CoV-2 has a 99.9% chance of being protected from a repeat infection. Of note, as of July 1, 2021, there have been 177.4 million SARS-CoV-2 infections in the U.S., which is 53.8% of the U.S. population.^{26,36}



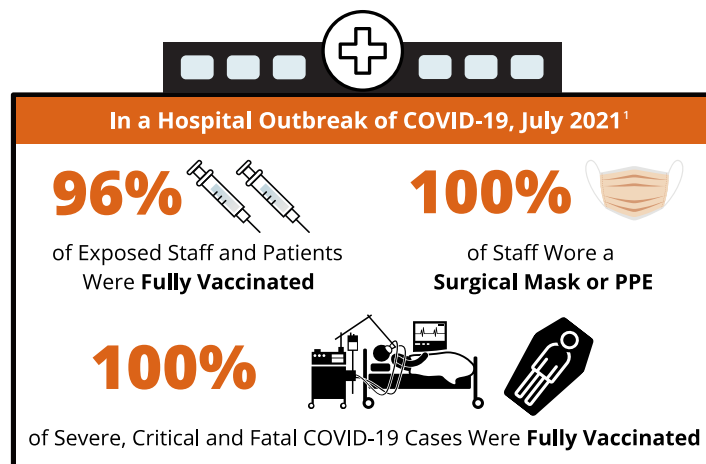
The Johnson & Johnson vaccine clinical trial found there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.



ASSUMPTION: Vaccine mandates have been proven to create a safer environment.



FACT 20: Infection and transmission of SARS-CoV-2 occur at high rates in fully vaccinated populations, and a significant proportion of severe, critical and fatal COVID-19 cases occur in fully vaccinated individuals. CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S. In addition, short-term clinical trial data indicate that 1 in 6 to 1 in 9 people 12–55 years of age who receive mRNA COVID-19 vaccines suffer severe (grade 3) systemic reactions, and long-term safety studies have not been conducted.^{13,37} Thus, the scientific data demonstrate that vaccine mandates have not been proven to create a safer environment.

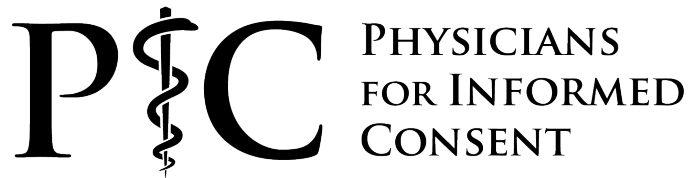


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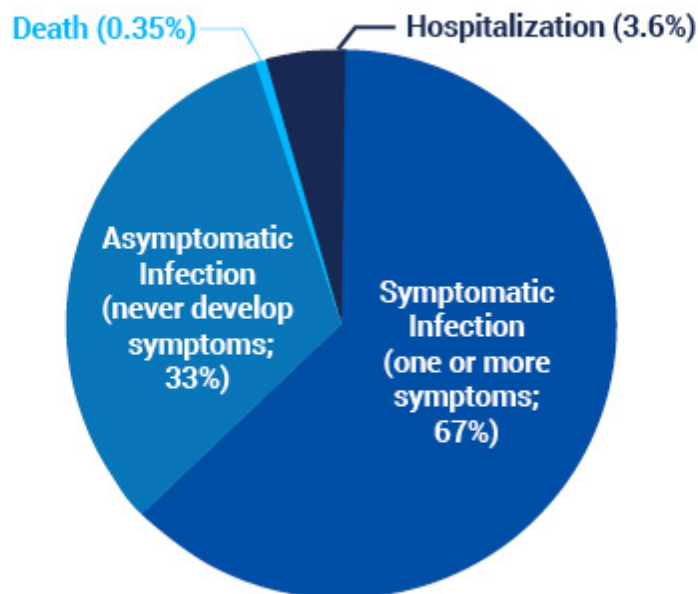
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Physicians for Informed Consent Publishes Comprehensive Analysis of U.S. COVID-19 Infection-Fatality Rate by Age Group

SARS-CoV-2 Infection Outcomes^{3,8,9}



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NEWPORT BEACH, CALIF. (PRWEB) AUGUST 24, 2021

New data indicate about 180 million Americans already infected and have 99.9% protection from repeat infection

Physicians for Informed Consent (PIC), an educational nonprofit organization focused on science and statistics, has published its updated [COVID-19 Disease Information Statement](https://physiciansforinformedconsent.org/covid-19/) (<https://physiciansforinformedconsent.org/covid-19/>) (DIS), which elucidates the infection-fatality rate (IFR) of COVID-19 in different age groups and different locations of residence.

Overall, the risk of a fatal outcome from COVID-19 is 0.35%. However, the risk varies from 0.001% or one fatal outcome in 100,000 infections in children younger than 18 years to people 65 years or older living in a nursing home having about 30 times more risk of a fatal outcome than people 65 years or older not living in a nursing home. Additionally, overall, the risk of hospitalization is 3.6%, of having symptoms is 67% and of never developing symptoms of SARS-CoV-2 infection is 33%.

The calculation for determining how many Americans have already been infected with SARS-CoV-2 is explained and indicates that more than half of the U.S. population has already been infected and is 99.9% protected from reinfection. As vaccine breakthrough infections are now on the rise, important lesser-known treatment and prevention options are also discussed.

“Now one can better compare a person’s risk of COVID-19 versus the risk of a severe side effect from a COVID-19 vaccine,” said Dr. Shira Miller, PIC’s founder and president. “It’s clear there’s a rational and scientific basis for those who choose to decline COVID-19 vaccination, especially in certain

age groups.”

Physicians for Informed Consent’s body of physicians, scientists, statisticians, and healthcare workers is trusted by both patients and practitioners for providing scientific data on infectious diseases and vaccines. To learn more, read PIC’s two-page handout here: physiciansforinformedconsent.org/COVID-19 (<https://physiciansforinformedconsent.org/COVID-19/>).

COVID-19 – DISEASE INFORMATION STATEMENT (DIS)

**SARS-CoV-2
COVID-19:
What You Need To Know**

1. WHAT IS COVID-19?

COVID-19 (coronavirus disease 2019) is an acute respiratory illness caused by SARS-CoV-2, a coronavirus strain among seven coronaviruses known to infect humans.¹ Other coronavirus infections include those due to seasonal (common cold) coronaviruses (229E, NL63, OC43 and HKU1), which cause up to a third of community-acquired upper respiratory tract infections,² as well as MERS-CoV and SARS-CoV-1. Approximately 33% of SARS-CoV-2 infections are asymptomatic (never develop symptoms). However, when symptoms do occur, they happen 2–14 days after infection and range from mild to severe fever or chills, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nasal congestion or runny nose, nausea or vomiting, or diarrhea.³ Most people’s symptoms are short-lived, but some do have prolonged symptoms.⁴ Overall, more than 99.6% of people infected with SARS-CoV-2 recover.⁵ The strongest risk factors for fatal COVID-19 are obesity, anxiety disorders, and diabetes.⁶

2. WHAT IS THE INFECTION-FATALITY RATE OF COVID-19?

The infection-fatality rate (IFR) of COVID-19 is calculated by dividing the number of people who die from COVID-19 by the total number of people infected, including both symptomatic and asymptomatic cases.

A Stanford University systematic review that included 69 antibody studies estimated that the COVID-19 IFR in the United States ranges from 0.2% to 0.4%.⁷ Data analysis herein uses the midpoint of that range, 0.35%. See Figure 1.

3. WHAT IS THE IFR OF COVID-19 IN DIFFERENT AGE GROUPS?

More than 80% of COVID-19 deaths occur in individuals aged 65 years or older, whereas less than 0.1% of COVID-19 deaths occur in individuals aged 17 years or younger (Table 1).⁸ In addition, severe COVID-19 is particularly lethal in nursing homes.^{9,10} For example, in 2020, 59% of all COVID-19 deaths in the state of Massachusetts occurred in long-term care (LTC) facilities.¹¹ The national COVID-19 IFR is 0.2% among individuals who do not live in long-term care institutions.⁸

4. WHAT IS THE DIFFERENCE BETWEEN BEING EXPOSED AND BEING INFECTED WITH SARS-COV-2?

Although the IFR measures the chance of dying assuming infection with SARS-CoV-2, the IFR does not include the chance of being exposed or the chance of being infected. Research shows that not everyone who is exposed to SARS-CoV-2 is necessarily infected with it, as T cells may protect against, or modify, infection.^{12,13} A BMJ article investigating whether people have pre-existing immunity to SARS-CoV-2 states that “at least six studies have reported T cell reactivity against SARS-CoV-2 in 20% to 50% of people with no known exposure to the virus.”¹⁴ In addition, a study published in *Nature Immunology* states: “T cells control viral infections and provide immunological memory that enables long-lasting

COVID-19 – DISEASE INFORMATION STATEMENT (DIS)

Table 1 shows that a COVID-19 infection in an individual 65 years or older dwelling in an LTC facility is almost 30 times more likely to be fatal (37.2%/1.3%) than in an individual 65 years or older not dwelling in an LTC facility. Furthermore, most people who die in nursing homes die within six months of placement; therefore, many COVID-19 nursing home deaths may have occurred in people with a life expectancy of only a few months.¹⁵

Age Group	% of Infections	% of Deaths	Infection-Fatality Rate (%)
0–17 years	13.2 ⁸	0.00 ⁸	0.001
18–49 years	56.4 ⁸	4.35 ⁸	0.03
50–64 years	20.1 ⁸	15.1 ⁸	0.3
65+ years	10.3 ⁸	80.5 ⁸	2.7
65+ years not in LTC	9.9 ⁸	38.0 ⁸	1.3
65+ years in LTC	0.4 ^{8,16}	42.5 ⁸	37.2
75+ years	4.3 ⁸	58.5 ⁸	4.8
75+ years not in LTC	4.0 ⁸	18.3 ⁸	1.6
75+ years in LTC	0.3 ⁸	40.2 ⁸	46.9
All ages	100	100	0.35
All ages not in LTC	99.5 ^{8,16}	56.9 ⁸	0.2 ⁸
All ages in LTC	0.5 ^{8,16}	43.1 ⁸	30.2

Table 1: Age-specific COVID-19 infection-fatality rate in the United States. LTC = long-term care facility.

COVID-19 cases in people 65 years or older who reside in long-term care facilities (nursing homes) are about 30 times more likely to be fatal than COVID-19 cases in people 65 years or older who do not reside in long-term care facilities.

5. HOW MANY PEOPLE HAVE BEEN INFECTED WITH SARS-COV-2?

As of July 1, 2021, about 53.8% of the 330 million people living in the U.S. have been infected with SARS-CoV-2. Because the COVID-19 IFR is 0.35%, and at that time there were 621,000 COVID-19 deaths,¹⁷ that equates to 177.4 million SARS-CoV-2 infections (621,000/0.35%). The Johnson & Johnson vaccine clinical trial observed that an unvaccinated person previously infected with SARS-CoV-2 has a 99.9% chance of being protected from a repeat infection.^{18,19}

6. WHAT TREATMENT OR PREVENTION OPTIONS ARE AVAILABLE FOR COVID-19?

Treatments for COVID-19 have improved significantly since the pandemic began in early 2020, resulting in improved survival rates in hospitalized cases.^{20–22} Dozens of studies have observed the effectiveness of various treatments, the most studied being ivermectin, vitamin D, hydroxychloroquine (HCQ), remdesivir, and monoclonal antibodies.^{20,23} Studies have also observed that ivermectin, vitamin D, and hydroxychloroquine may be beneficial for prophylaxis (i.e., pre-exposure or post-exposure prevention of symptomatic COVID-19 infections).^{24–26}

As of December 2020, three vaccines have obtained Food and Drug Administration (FDA) approval or emergency use authorization. The vaccines have been shown to significantly prevent symptomatic COVID-19 cases that are not hospitalized or fatal. However, vaccine effectiveness has only been observed for two to six months in clinical trials, and it is not known how effective those vaccines may be at preventing asymptomatic, hospitalized or fatal cases. In addition, overall, people who receive the vaccine have a two-fold to six-fold increased risk of a severe adverse event compared to those who do not receive the vaccine.^{25,26,27}

All references are available at physiciansforinformedconsent.org/COVID-19.

These statements are intended for informational purposes only and should not be construed as personal medical advice.

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SCAN TO VIEW ONLINE

(<https://physiciansforinformedconsent.org/covid-19/>).

About Physicians for Informed Consent

Physicians for Informed Consent is a 501(c)(3) educational nonprofit organization focused on science and statistics. PIC delivers data on infectious diseases and vaccines, and unites doctors, scientists, healthcare professionals, attorneys, and families who support voluntary vaccination. In addition, the PIC Coalition for Informed Consent consists of approximately 300 U.S. and international organizations. To learn more or to become a member, please visit physiciansforinformedconsent.org.

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(<https://physiciansforinformedconsent.org/>).

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VIEW

(https://www.prweb.com/releases/physicians_for_informed_consent_publishes_comprehensive_analysis_of_u_s_covid_19_infection_fatality_rate_by_age_group/prweb18147027.htm) the press release on PRWeb.

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Posted in COVID-19

(<https://physiciansforinformedconsent.org/category/covid-19/>), Press Release

(<https://physiciansforinformedconsent.org/category/press-release/>).

← **Physicians for Informed Consent**
Submits Amicus Brief to U.S. Supreme
Court in Pivotal Vaccine Mandates Case
(<https://physiciansforinformedconsent.org/physicians-for-informed-consent-submits-amicus-brief-to-u-s-supreme-court-in-pivotal-vaccine-mandates-case/>).

From: Dale
Sent: 2/15/2022 3:24:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This is a public comment on requiring COVID-19 vaccines, directed to the State Board of Health.

"First do no harm" please do not harm our children and do no mandate vaccines forcing the continued exodus of thousands of WA citizens from this previously great state of WA. Please consider the Nuremberg code an international law prohibiting the experimentation on Children and others. Many scientists and doctors (the ones not allowed not allowed on TAG) believe that the vaccines will cause more deaths and adverse reactions than a child catching Covid 19. Please stop the insanity of jabbing our children with an experimental "vaccine" which VAERS shows to be the most deadly vaccine in the history of all vaccines.

From: Ewa Wheeler
Sent: 2/18/2022 8:26:29 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 injections as part of school immunization requirements

External Email

URGE THE HEALTH BOARD TO NOT REQUIRE A COVID MRNA FOR CHILDREN TO ATTEND SCHOOL THIS COMING FALL.

REASONS:

1. This vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.
2. This vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.
3. This vaccine presents more risk to children than Covid-19, because there are many documented cases of myocarditis in children, especially boys, related to the shots
4. This vaccine has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.
5. Children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.
6. Vaccinated individuals, both adult and children are still getting sick with Covid-19 and are still spreading Covid.
7. More kids have died from influenza in one year than from Covid; we don't require influenza shots.

Ewa Wheeler
Concerned Parent

From: Valerie Hunt
Sent: 2/24/2022 2:28:02 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I do not at this time recommend the State Board of Health initiate rule making to add COVID-19 vaccine to school entry requirements.

From: Teri L Geehan
Sent: 2/25/2022 1:45:27 PM
To: DOH WSBOH
Cc:
Subject: COVID SHOT ADDED TO LIST OF REQUIRED VAX FOR CHILDREN

External Email

Hello,

As a mother I have tried to keep an open mind about this. I have sent my child to school and she wears a mask EVERY DAY. Her father and I both got vaccinated. I watched as SEVERAL of my friends pulled their child from public school due to mandates. I wanted to give the school time to work through this pandemic hoping they would keep our children on top of the priority list. I ABSOLUTELY REFUSE TO VACCINATE MY CHILD. I am not an anti vax person, I will not get this vaccine for my child because it has been shown not to work like a vaccine. It's a preventative shot like the flu shot. I know that myself and many others who have tried to have patience through all of this will pull our children fr public school. FOLLOW THE SCIENCE. This is a very unnecessary overreach from elected leaders that can be replaced!! There is no science showing that this will help, the pandemic is coming to an end, and this has not been fully tested on what long term effects our children will have from this shot. Put our children first!!

Thank you,

Teri Geehan

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From: Rachel Berry
Sent: 2/16/2022 8:33:37 PM
To: Thai, Nathaniel J (SBOH)
Cc:
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%2F8546144%2F>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34696485%2F>

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%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 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://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%7CNathaniel.Thai%40sboh.wa.gov%7Cd364c059245b4061893d08d9f1cea79d%7C

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%2F>

&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd364c059245b4061893d08d9f1cea79d%7C

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%2F25903751/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F18500410/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33254499/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMp2006372>

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%7CNathaniel.Thai%40sboh.wa.gov%7Cd364c059245b4061893d08d9f1cea79d%7C>

<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%7CNathaniel.Thai%40sboh.wa.gov%7Cd364c059245b4061893d08d9f1cea79d%7C>

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: marcie klatik
Sent: 2/21/2022 7:54:16 AM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

MK

From: patti
Sent: 2/16/2022 11:13:24 PM
To: DOH WSBOH
Cc:
Subject: meeting about vaccinations 2/17/2022

External Email

I would like to say that if you implement Covid vaccines as a requirement to attend public schools you will see a major drop in participation in public schools!
Parents are the ones that should decide if their child gets a vaccine against Covid NOT the government. There have not been enough studies or time to know the true effects of the vaccine on older people much less the younger people.
Do not make this a requirement to attend public school!
Thank you!

From: Curtis Young
Sent: 2/24/2022 12:09:12 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cada96eaf341c4632b94308d9f7d1852a%70>>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cada96eaf341c4632b94308d9f7d1852a%70>>

Reason 3: The Vaccine does not reduce transmission: <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%7Cada96eaf341c4632b94308d9f7d1852a%70>>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

From: Casey Cox
Sent: 2/16/2022 4:25:15 AM
To: DOH WSBOH
Cc:
Subject: Stop the vaccine mandate

External Email

The vaccine mandate is absurd, for all ages! Knock it off!

From: Lindsey Waxman
Sent: 2/24/2022 3:01:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030. I listened in today for the entire duration of the meeting.

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C187080a6891246f5c12108d9f7e99cf2>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C187080a6891246f5c12108d9f7e99cf2>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C187080a6891246f5c12108d9f7e99cf2>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Lindsey Waxman

Sent from my iPhone

From: Marion Holcomb
Sent: 2/16/2022 4:33:26 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-105

External Email

Dear Sirs/Ma'am,

As a BSRN for nearly 60 yrs, including time as a county health nurse, and having researched and monitored the Covid issue since the beginning, I am writing against WAC 246-105. Yes, the points listed below are being posted by many groups, but are, nevertheless, accurate statements from health providers (not just politicians or those with an agenda). I also know from speaking with health professionals in our facilities, that much of what has been presented by local media, etc. has not at all been accurate.

I have never been, nor am I now, an "anti-vaxer"! The argument that "it's just another vaccine, like other required school immunizations", is not at all valid. This is not the same in property.

Please consider these points and do not pass this mandate.

-this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until years later.

-this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a massive experiment.

-the vaccine presents more risk to children than does Covid-19

-there are many documented cases of myocarditis in children, especially boys, related to the shots

-the shot has the potential to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.

-children are at low risk from Covid-19, they are unlikely to pass it to parents and grandparents.

-more kids have died from influenza in 1 year than from Covid; we don't require influenza shots.

Thank you,
Mrs. Lloyd Osborn
Bonney Lake, WA

From: Debra Montgomery
Sent: 2/25/2022 2:47:10 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: Brooke Roberge
Sent: 2/15/2022 9:03:23 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaxx mandate on our children

External Email

Washington State Board of Health-
Please hear me, do not require a Covid 19 vaccine for children or anyone else for that matter. Covid is an endemic now, please get with the current data and let's all move on. No masks, no vaccine mandates.
Thank you,
Brooke Roberge

From: Tarah Kimbrough
Sent: 2/17/2022 7:28:53 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I listened to a portion of the last TAG meeting and noticed that several times it was mentioned "there just isn't enough information" or "we don't have any studies on that" or "we don't know at this time" and many other similar variations of uncertainty.

I'm begging you, as a mother of two young children, to please make the COVID vaccine optional. I'm not anti-vaccine, however, I am anti-experiments on children. This is an experiment in real time. There is currently NO LONG-TERM data on the effects of the COVID vaccine on our children. The data indicates that the disease poses little to no risk for health children, children and adults can still pass the disease even while vaccinated, and a large faction of children have already acquired natural immunity. Why are many countries not vaccinating their children? Because they realize that there is little to no risk for them. This is good news, so why are we pushing for universal inoculations?!?

I honestly don't feel like you're listening to most parents who will not vaccinate their children right now, even if you mandate it. I, like many other, will wait to see what the long-term data shows and then make the decision that is best for my family. But I will not be bullied, coerced, or pushed into this by the government.

The way this vaccine works is very similar to the flu vaccine, which is not required for entry to school, so why would this be any different?

This should be my choice. End of story.

Sincerely, Tarah K.

From: Dana Looney
Sent: 2/17/2022 9:03:07 AM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please do not attempt to make the COVID-19 vaccination mandatory. My kids have their normally required vaccinations. I am not anti vaccine. The COVID-19 shot is not a true vaccine and should not be treated as such.

Sincerely,
Dana Looney
concerned parent

Sent from my iPhone

From: Michelle Lofgren
Sent: 2/21/2022 7:47:37 PM
To: DOH WSBOH
Cc:
Subject: No Covid vaccine

External Email

To whom it may concern

Under no circumstances do I agree with or intend with this "vaccination " for my daughter. She has received all vaccinations to date that are true and tried. Along with flu vaccine. However this particular one given the fact it's still EUA. Tells me there's a high hesitation as to why. For high risk and elderly no issues

My child will not receive a political driven sinister message of a vaccine that requires 2 maybe 3 or 4 doses of an unproven shot to maybe gain a small percentage of protection. This is not a one size fits all.
Perhaps advising or recommending a well check or a message to see your pediatrician, the message would be more received. The manner In which this was pushed and the marketing of the brand is a failure.

Thank you for listening
Mother of children
My children not yours

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/23/2022 7:21:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

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

From: Ashley Mann <ashmariemann@gmail.com>
Sent: Wednesday, February 23, 2022 7:02 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: shidane@somalihealthboard.org; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; tlocke@co.jefferson.wa.us; DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Braun, John <john.braun@leg.wa.gov>; Wilcox, JT <JT.Wilcox@leg.wa.gov>; Jinkins, Laurie <laurie.jinkins@leg.wa.gov>; Sullivan, Pat <pat.sullivan@leg.wa.gov>; Billig, Andy <andy.billig@leg.wa.gov>; chris4wakids@gmail.com; Reykdal, Chris <chris.reykdal@k12.wa.us>; Spaulding, Randy <Randy.Spaulding@k12.wa.us>; 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to

please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Ashley Mann

"

Sent from my iPhone

From: Zana Carver

Sent: 2/17/2022 1:07:29 PM

To: tao.kwan-gett@sboh.wa.gov, Kwan-Gett, Tao (DOH), DOH WSOH, TPendergrass@u.washington.edu, Abdelmalek, Dimyana (DOHi), FBell@wcaap.org, Kcranfield, Helseth, Jennifer (DCYF), Annie Hetzel, Bill.Kallappa@k12.wa.us, ALinares@peacehealth.org, TLocke@olympicmedical.org, glynch@oesd114.org, shauna.muendel@doh.wa.gov, Mueller, Martin (K12), Jake@arcsno.org, londeck@nasn.org, crodriguez@pnwu.edu, shidane@somalihealthboard.org, benjamin.wilfond@seattlechildrens.org, mybarra@mlchc.org, DOH Secretary's Office, Abdelmalek, Dimyana (DOHi), kallappa.bill@nisqually-nsn.gov, BWilfond@u.washington.edu, fathersnetwork@arcsno.org

Cc:

Subject: Criteria 5



attachments\9E086CF5AA2C4630_0C71075BFF3C46E8BA1931ECB023A9E9.png

External Email

Criteria 5 Rebuttal

General Issues

* The experimental COVID-19 injections are not classical vaccinations in which antigens are provided to the body in order to stimulate an immune response. The pediatric Pfizer injection is a mRNA technology inside a lipid nanoparticle carrier, which causes gene expression of the antigen in vivo. The expressed antigen is the S1 subunit of the spike glycoprotein.

* The S1 antigen that the mRNA product causes the body to produce is based on an in-silico model of the original alpha strain of the spike glycoprotein of SARS-CoV-2. Since the emergence of the alpha strain, there have been many variants with slightly different morphological features. The Omicron variant has displayed a significant morphologic divergence from the original alpha strain as evidenced by the decreasing effectiveness of these inoculations towards different variants (95% effective against the alpha/wild type strain, 39-42% effective against Delta, and an inverse efficacy against Omicron -meaning infection is more likely with a greater number of boosters).

* Original Antigenic Sin: "Those who are infected with pathogens for which the vaccine is an insufficient match make up another portion of those who remain at risk of infection." <https://popularrationalism.substack.com/p/the-vaccine-lifecycle-lead-to-vaccine?r=y3mqh>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpopularrationalism.substack.com%2Fp/the-vaccine-lifecycle-lead-to-vaccine%3Fr%3Dy3mqh&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C775621ea35964f08b69908d>>
This creates selective pressure for viruses to evolve in a way that makes them more transmissible within the vaccinated population.

* It needs to be acknowledged how the goal post with these experimental products

has changed. First, they should have tested if these injections reduce infection rates with an absolute risk reduction calculation. Others have calculated the absolute risk reduction to be less than 1%. Second, when they couldn't fool the public with their relative risk reduction calculation, they moved the endpoint to measuring a difference in severe COVID morbidity and mortality. However, this was never accurately assessed since in Pfizer's own pivotal trials the effect size was too small to measure this endpoint and with studies in children, there was no proper control group. They used an immuno-bridging procedure that uses a control group from another age category and for anyone who understands the scientific method, this is grossly inadequate. In addition, the controls were unblinded in the original pivotal trial so no one can in good faith refer to a double blind controlled clinical trial. Lastly, the statistical methods were inadequate, namely the lop-sided data exclusions that overwhelm the effect size. When the pivotal trial data was re-analyzed, it showed a large increase in overall mortality in the vaccinated treatment group.

* The experimental injections cause antigens to be produced in the wrong compartment of the body. In a natural infection the innate immune response of the mucosal membranes is stimulated resulting in immunological memory that is broad, robust, and durable. A natural infection involves memory cells of both cellular and humoral origin which leads to a faster, more efficient, and longer duration immune response on re-exposure to the same or similar pathogen. Not only is this natural process broad and highly integrated but it protects the mucosal membrane borders of the body, with secretory IgA. In contrast, the mRNA product causes the antigen to be produced in the deltoid muscle and systemically throughout the cardiovascular and lymphatic systems. This means that the mucous membranes are not protected from the virus because the antibodies (IgG and IgA) are produced systemically (in the blood rather than in externally bordering tissues of the body.) This means it's highly unlikely the mRNA given intramuscularly could ever prevent infection. In addition, a natural immune response is polyclonal (1000's of antibodies with different receptors are produced.) This is much different than the targeted immune response to a subsection of the spike protein as in artificial immunity. To put this another way, in a natural immune response, the antibodies target all the virus in a multitude of ways, including the nucleocapsid portion. That means when there is another variant some of those antibodies will be cross reactive and effective against the new variant. This cannot be stated with the targeted and limited artificial mRNA approach to a portion of the spike protein only.

* There is evidence of secondary vaccine failure, where the levels of antibodies decrease over time requiring an endless stream of booster shoots. This completely ignores the fact that there is innate and T-cell memory that remains accurate and effective for those with robust natural immunity.

Mortality and Morbidity?

* So now that we've established the so-called C-19 vaccines do not contain any antigen that prevents any disease, what about reducing mortality and morbidity? These endpoints have not been properly studied. One reason for this is conflating the terms "with COVID" vs. "from COVID" in relation to hospital admissions. The other reason is the change in terminology, for example, a COVID infection in a vaccinated person is now called "COVID pneumonia" and is not coded or counted as a COVID case. Furthermore, some hospital staff have been pressured to write "unknown" for vaccine status if a patient is vaccinated and has been admitted to the hospital for COVID. I submitted a FOIA to our state department of health to find out the numbers of vaccinated and unvaccinated people admitted to the hospital for COVID. To my surprise, they do not have this information, only broad information on the percentage of people vaccinated and unvaccinated in each county and separate information on hospital admissions for COVID without vaccine status listed. THERE WAS NO ATTEMPT TO STUDY IF VACCINATED

PEOPLE ARE MORE OR LESS LIKELY TO BE ADMITTED TO A HOSPITAL FOR COVID TREATMENT! In summary we do not have evidence of vaccines reducing COVID morbidity or mortality but what we do have is ample evidence of the increase in overall mortality caused by the C-19 experimental injections.

* Currently, there are 1,103,891 adverse events reported to the vaccine adverse events reporting system (VAERS) for COVID-19 injections alone. When considering that only a fraction of adverse events is reported (1% according to a Harvard study), the real numbers are certainly much higher. The VAERS reports are vetted by CDC staff before becoming publicly available. Of those adverse events, there have been 32,426 reports of myocarditis/pericarditis. There is no public access to the V-safe database and NO opportunity for independent scientists to access their data.

*

The VAERS reports are supported by recent data from the Defense Medical Epidemiological Database (DMED), in which it was found: Below are summarized 2021 (+ vaccine) numbers % change relative to 2020 (- vaccine)

* Total Number of Diseases & Injuries Reported by Year (Ambulatory) up 988% in "uncorrected" data, down 3% in "corrected" data (This is basically a control for the data set).

* Total Number of Diseases & Injuries Reported by Year (Hospitalization) up 37%

* Total Number of Diseases of the Nervous System by Year up 968%

* Total Number of Malignant Neuroendocrine Tumor Reports by Year up 276%

* Total Number of Acute Myocardial Infarct Reports by Year up 343%

* Total Number of Acute Myocarditis Reports by Year up 184%

* Total Number of Acute Pericarditis Reports by Year up 70%

* Total Number of Pulmonary Embolism Reports by Year up 260%

* Total Number of Congenital Malformations Reports by Year up 87%

* Total Number of Nontraumatic Subarachnoid Hemorrhage Reports by Year up 227%

* Total Number of Anxiety Reports by Year up 2,361%

* Total Number of Suicide Reports by Year up 227%

* Total Number of Neoplasms for All Cancers by Year up 218%

* Total Number of Malignant Neoplasms for Digestive Organs by Year up 477%

* Total Number of Neoplasms for Breast Cancer by Year up 469%

* Total Number of Neoplasms for Testicular Cancer by Year up 298%

* Total Number of Female Infertility Reports by Year up 419%

* Total Number of Dysmenorrhea Reports by Year up 221.5%

* Total Number of Ovarian Dysfunction Reports by Year up 299%

* Total Number of Spontaneous Abortion Reports by Year DOWN by 10%

* Total Number of Male Infertility Reports by Year up 320%

* Total Number of Guillain-Bare Syndrome Reports by Year up 520%

* Total Number of Acute Transverse Myelitis Reports by Year up 494%

* Total Number of Seizure Reports by Year up 298%

* Total Number of Narcolepsy & Cataplexy Reports by Year up 352%

* Total Number of Rhabdomyolysis by Year up 672%

* Total Number of Multiple Sclerosis Reports by Year up 614%

* Total Number of Migraine Reports by Year up 352%

* Total Number of Blood Disorder Reports by Year up 204%

* Total Number of Hypertension (High Blood Pressure) Reports by Year up 2,130%

* Total Number of Cerebral Infarct Reports by Year up 294%

* The increased cases of mortality in the vaccinated are corroborated by the One American Life Insurance Company. They found a 40% increase in mortality in those aged

18-64 that correlates perfectly to the vaccine rollout dates.

* The increased cases of vaccine deaths have been confirmed by case studies, autopsies, post-mortem pathology results, and morticians worldwide. Embalmers, Mr. Hirschman, and others are seeing unusual clots in 50% to 93% patients with many of those patients confirmed as having been vaccinated.

* No one can ignore the large increase in young, healthy athletes dying or collapsing on the field from cardiac arrest, arrhythmia, or myo-pericarditis.

* A paper written by Dr. Bhakdi and Dr. Burkhardt examined the pathology of those who died after being vaccinated. They found that 93% of those deaths were caused by the COVID-19 vaccines even though the coroner did not implicate this on any of the death certificates.

How the Data Presented by the Technical Advisory Group (TAG) who advises the Washington State Board of Health (WSBOH) looks good on the surface but is incredibly misleading.

1. They use a relative risk reduction approach rather than an absolute risk reduction calculation.

2. The majority of the placebo group crosses over into the inoculated group, which means it's no longer a randomized controlled trial.

3. They do not use an unvaccinated control group, the control group is given another type of vaccine, again not a randomized controlled trial with a placebo.

4. They did not show the overall increase in illness and death in the COVID vaccinated treatment group.

5. The rates of severe COVID symptoms in children are so low their study design and test subject numbers and completely inadequate.

6. They did not test for disease biomarkers such as D dimer, C-reactive protein, troponins, occludin, claudin, blood oxygen levels, or for serum HMGB1, CXCL13, and Disckkopf-1 (markers for increased autoimmune disease predisposition.)

7. Testing if the COVID-19 injections reduce the spread of disease and transmission was not studied as an endpoint. There is no evidence that they reduce the spread of the disease, especially in children.

8. The presented data was obtained with the RT-PCR test that is no longer recommended by the CDC because of the unacceptable rate of false positives. There are different protocols for testing vaccinated and unvaccinated with different cycle count thresholds to falsely elevate case numbers in the unvaccinated. In addition, unvaccinated adolescent athletes are subject to frequent testing again falsely elevating cases in the unvaccinated.

9. The Pfizer trials did not test all participants for COVID-19. This subjectivity left it up to the investigator to decide whether to test and another reason for unreliable results.

10. Pfizer and the FDA have been battling in court to keep their safety data confidential for 55 and then 75 years. How can the TAG group make an educated decision regarding these experimental products without the proper safety data?

11. Without the proper studies, control group, and safety data there can be no informed consent.

12. How could the TAG even consider adding an experimental product to the vaccine schedule for school age children and those attending day care and preschool (3-5 years) when the FDA has not even approved an EUA for children under 5 years?

13. Why would the TAG approve criteria 5 without the proper evidence and criteria 6 with ALMOST NO EVIDENCE? To me it wreaks of a compromised group of people who nobody elected and do not care about our children, informed consent, medical freedom, or civil rights.

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Sent from Mail

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

From: Kasha Sonntag
Sent: 2/24/2022 12:21:40 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group - Natural Immunity

External Email

At some point are you going to address Natural Immunity?! This is very much an issue given that so many children have already had Covid. The risk benefit for this population is considerably different than an older adult.

It is alarming that this issue is being overlooked.

Sent from my iPhone

From: Pauline Cornelius
Sent: 2/16/2022 5:42:35 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Do Not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and [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>>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!
We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius
7248 SE Nelson Rd
Olalla. Wa. 98359
Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

From: Catrina Kindahl - Ross
Sent: 2/16/2022 10:16:16 AM
To: DOH WSBOH
Cc:
Subject: New meeting tomorrow regarding vaccine requirements for school children - super bowl privilege

External Email

In the pandemic over? Dr Umair A Shah joined the 70,000 people crowding during the super bowl.

Perfect - now as advisers for Washington health - support removal Of all mandates and rehire those who was fired for not taking the shot.

Also drop your agenda to have all our children vaccinated to attend school.

If not - We the people have now been made aware of the privilege of a Washington state dep of health member who brags about the opportunity to gather with over 70,000 people at the Super Bowl in LA 2022. In the meantime, school children in Washington state has a 15 minute lunch hour that must be held outside as long as temperatures are over 38 degrees, wearing masks and temporarily lower it as they take a sip of their drink or put something in their mouth.

School children are not being able to attend sports without being vaccinated, or they have to test 3 times weekly to attend.

It has been reported that during the super bowl event vaccine cards were barely checked and many many were maskless.

Mayors, politicians and celebrities taking pictures without masks. But maybe they were able to hold their breaths for a long time.

The effects of regulations and mandates is really one of privilege. The rich don't have to comply and it won't effect their lives - because they are not financially affected by any mandates. The ones it really affects are the children who have no voice, and the blue collar workers and those employed by the corporations and governments who employ them, as their livelihood is at stake if they don't comply. Small business owners who will be fined if they don't comply. Parents who cannot protect their children unless they pack up and move to another state or decide to pull their children out of school.

Thank you, Washington state department of health for showing us your true agenda - and it's not about health.

Catrina

From: Robert Holte
Sent: 2/22/2022 10:50:04 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: Glasoe, Stuart D (SBOH)
Sent: 2/23/2022 8:17:47 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Trisha Howarth <trishahowarth@gmail.com>
Sent: Wednesday, February 23, 2022 8:11 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: Lane
Sent: 2/18/2022 12:15:02 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Dangers

External Email

PLEASE look at the truth now being exposed, about the hundreds of millions flowing from Pfizer et al to FDA to approve their products, the huge push for mandatory vaccines for all down to 6 months of age, all to produce a "fountain of revenue" that never ends.

Ask yourself why the creator of mRNA vaccines is being censored when he warns about the dangers to young people.

Covid vaccines are NOT safe. Their effects on children have not been adequately studied. Yes, sales of Pfizer's myocarditis drug are up 77% since their vaccines damage the hearts of so many young males. Business is good, but we are ruining a generation.

Please, for just this once and for our children, follow the real science and not mass broadcast politically motivated junk science.

Mandate child vaccines, and you will see a LOT of home schooling.

Sincerely,

Lane Dexter

Sent from my iPad

From: V
Sent: 2/22/2022 10:13:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from TAG Covid Special Meeting

External Email

Please consider this type of information when adding vaccines to children in this age group.

Archives of Pathology & Laboratory Feb 14, 2022 article:

Autopsy cardiac findings from two teenage boys found dead in their beds 3 & 4 days post Pfizer dose #2

"The myocardial injury seen in these post-vaccine hearts is different from typical myocarditis and has an appearance most closely resembling a catecholamine-mediated stress (toxic) cardiomyopathy."

<https://meridian.allenpress.com/aplm/article/doi/10.5858/arpa.2021-0435-SA/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two>
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From: Erika Clough
Sent: 2/21/2022 2:08:14 PM
To: DOH WSBOH
Cc:
Subject: TAG Comments before Thursday's Meeting

External Email

Would you consider an omission to be a lie? My Grandmother sure did when I was raised!

Having watched the TAG meetings to date, I am disappointed to see that only a narrow slice of supporting data was included in the presentations and discussions at the TAG meetings and that they were crafted in such a way as to pull the TAG group along to a favorable conclusion with limited data, and without including other known existing counter argument facts and data, while at the same time encouraging liberal, rather than strict, interpretations of the meaning of each of the criteria evaluated. I believe it is visible to the public that the members of the Board leading the TAG already have a preconceived and biased conclusion they desire the rest of the TAG reach with them – to require these new vaccines be given to our children. In some of the 9 criteria, we are really stretching far to get to that conclusion.

I believe that from the very first meeting on December 29th, there was evident pro-vaccine bias in the introductions of all of the members of the TAG, not an even mix of those of differing opinions, and that as meetings continued, other than a concentrated rebuttal to Myocarditis concerns, most of the counter-arguments that I am aware of from the public world-view were not adequately brought into the conversation. I believe that is deceptive by design and perhaps in some cases there may also be a conflict of interest regarding direct or indirect benefits from pharmaceutical companies. I am aware that some professionals who requested to be present in the TAG, were excluded from participating in the TAG, because their counterarguments would oppose mandatory vaccines and so they were excluded as being “anti-vax” or telling “misinformation” rather than having a valid place at the discussion table of the TAG. The presenters often admitted limiting information was available. If we are still learning about this virus and the vaccines worldwide, how can any professional viewpoints be so easily dismissed from the conversation and called “misinformation”? It is like a schoolyard game of “my facts are better than your facts” every time I hear the word “misinformation” brought up.

I believe that in the 3,600 pages sent to the Board of Health and publicly posted prior to the January board meeting, you were given links to many articles and presentations that explained in much scientific detail a multitude of other professional counterarguments that give parents and other adults pause, which is now called “vaccine hesitancy”. I sent you a few of those more recent presentations myself, including the 5-hour round-table hosted by Senator Ron Johnson, in which he brought together a panel of experts, the Department of Defense data, and even a few persons who had been injured by the Covid shots. The vaccine injured also have a personal story, especially those that suffer the Bells Palsy type symptoms or are now paralyzed.

As a mother of a young Teen boy, learning about Covid-19 and how to keep my family healthy during the pandemic lock-downs was and still is my first priority. Just as everyone else around me was, I was in fear for what had happened in my world and country in the initial days. But fortunately, my analytical mind had spent several years learning about holistic health from the functional medicine community and those pioneers kept me informed early on about what we could do naturally to boost immune system function and support our bodies so that should I or my family become infected we would be in good shape to heal and recover without unnecessary medical treatment. This was BEFORE the injections were released to the public and my family was infected BEFORE adult doses were given to those not in the high-risk groups. I believe that all of the natural supplement protection we used in the year leading up to becoming infected kept our cells safe at the time and we were able to recover from a mild cold at home without needing a doctor.

The science I have understood, which has been since validated, is that natural immunity would be superior to the vaccine because it contained the entire sequence of the virus. The entire time since the "vaccines" were released, the conversations about natural immunity were "silenced" and also excluded from the recorded statistics. So why is there no inclusion of natural immunity in the statistics that are presented to the public and to the TAG? I would have certainly expected to see at least a separation of "unvaccinated-not previously infected" and "unvaccinated- with prior Covid infection" in the statistics presented. Also, I question the actual percentage of deaths, hospitalizations, and case numbers statistics since many, especially the naturally immune, who never saw a doctor are not included in the overall case counts. If all of the uncounted who treated at home are added in than the percentages would be less for deaths and hospitalization when compared to the total infected. You don't know the live numbers in respect to natural immunity because Fauci, the FDA and the CDC downplayed this for so long into the pandemic.

The criteria I was most disturbed about receiving a favorable response, was that the risk of injury from these vaccines is acceptable. I am sorry, but I would not have reached that same conclusion, even if I only look at the limited information in the presentations. Just using Myocarditis as the example, the fact that it can happen as a result of either the infection or the vaccine is enough for me to conclude that this should be a personal choice, not the mandate of the State as if it is a one size fits all approach. We know that there is a class at risk of having severe Covid outcomes, that will benefit from the vaccine – the elderly and those with co-morbidities. We also know there is a class at greater risk for receiving the vaccine – teen boys in particular – that perhaps should not be subject to the vaccine, especially if they have already had Covid and/or if they are otherwise in good health and are at appropriate blood levels of relevant nutrients – such as Vitamin D and Selenium.

Why is nutrition and supplementation not part of the "Swiss Cheese Model" when it has been shown there is a significant statistical correlation between low Vitamin D levels and severe covid outcomes or that boosting Vitamin A, C, Zinc, and Quercetin will help protect the body from the virus getting in and multiplying in our cells? Public health has put nutritional health foundations on the back burner for decades and that really needs to change if we are to be forward thinking, considering most chronic disease and body system malfunction starts with nutrient deficiencies and a strong immune system function also requires adequate nutritional foundations. Is this because the supplement industry takes away from the profits of the pharmaceutical companies when people that supplement and live healthy lifestyles are often in great health with little need for profit

driven pharmaceuticals?

It is clear that there is not a one-size-fits-all solution to protecting ourselves from Covid, and the important part of all of this due real consideration is CHOICE. Just as it is anyone's choice at this point to take the widely available Covid vaccine (unless coerced by employer mandate), it should be my choice to NOT give this vaccine to my high risk of vaccine injury teen male, who already has Covid antibodies and will have memory immune cells in the bone marrow after those antibodies wane. As a parent, just as I was able to decline the HPV vaccine or Flu shots, I should be allowed to make this CHOICE for my child, without the threat of him not receiving a public education hanging over our head. I already had to lose my job as a result of the pandemic response. My child should not have lose his public education, too!

I would like to see more investigation, research, and analysis by the Department of Health of the reasons that there has been a 40% increase in all-cause mortality being reported by the life insurance industry since the Covid vaccines were released. Is there another possible reason for a spike in this trend? What else has significantly changed to cause this specific to 2021 (not in 2020), other than the new Covid vaccines? Also, since the Covid vaccines, in 2021, the following conditions have increased exponentially, compared to the averages in the proceeding 5 years and this should be looked into in detail before forcing these shots onto all of our children as a condition of being allowed public education:

- Hypertension – up more than 2,000%
- Nervous system disorders – up more than 1,000%
- Multiple Sclerosis – up more than 600%
- Guilliane Barre Syndrome – up more than 300%
- Breast cancer – up more than 400%
- Infertility - up more than 400%

This is to name only a few of a long list of remarkable increases in other diseases. Could this be a result of the Covid vaccine altering the function of the immune system response to other threats to the body? If the vaccine suppresses the immune response to Covid, could it suppress the natural immune response to other diseases, causing them to become more prevalent?

The presenters at the TAG meeting admitted several times that the data is limited, and there are still many unknowns, including the long-term picture of both Covid and its vaccines, which only last a few months before requiring another booster. Is it really fair to say we don't have all the answers yet, and then turn around and not allow CHOICE based on the limitations in the evidence to date and that there are indeed known risks. I stand by the motto that says "where there is risk, there should be choice". Since the ACIP recommendation for Covid for those under the age of 16 is based on the terms of

Emergency Use Authorization, then that means there must be a choice without coercion, since coercion is not allowed for Emergency Use products. Withholding public education is a form of coercion and at this time, while it is still under EUA, it would be premature and reckless to put it on the schedule for school children.

At the end of the day, we all want what is best for our children, our families, our neighbors, our friends. We don't want to see anyone die or anyone suffer. However, taking away choice is not going to make Covid disappear faster, and is not going to eliminate transmission given there are breakthrough cases and the injections wear off only after a few months. Every time a person takes a booster, they take on a new risk! I just cannot subscribe to the belief that the only way a person can protect their immune system is to take an injection up to 4 times per year. Currently, there is no formula available that adequately protects from Omicron. Most of the data presented to the TAG so far was for the time period prior to Omicron and some of it is now obsolete given the level of change brought with Omicron.

Providing all the known safety data and side-effects, in accordance with informed consent, and letting parents be the ones to decide whether Covid or the Vaccine has the highest risk for their individual child should be the ultimate conclusion by the Board as this evaluation comes to a close. The State knows nothing about my child and how my family manages our wellness, and it should be my choice as a parent. We don't put the Flu shots on the school schedule and I think that the same level of choice we have for Flu shots is the level of choice we should continue to have for these new Covid shots.

I hope at the end of this you, as a board can put any biases and special interests aside, and err on the side of FREEDOM OF CHOICE for our families in respect to the Covid vaccines and our children.

Thank you for hearing my opinions and concerns.

Sincerely,

Erika Clough, Mother of a teen boy in Washington State

Sent from Mail

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

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/23/2022 9:15:26 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

From: Corrie Bechtold <cowgirlup_730@msn.com>
Sent: Wednesday, February 23, 2022 8:20 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Cc: 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>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>

Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents/guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that if you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Irma Walton
Sent: 2/24/2022 11:49:59 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 Requirement Voting

External Email

Good Afternoon,

I am an elder who you would consider a high risk. I am fully vaccinated and have been hospitalized and recovered from the ventilator after being exposed by covid 19.

My grand children have been exposed to this virus several times and have had cold symptoms.

I believe it is my children's choice whether or not they want to vaccinate their children. As a grandmother if I don't have a right to overstep their parenting you too do not have the right to overstep their parenting right as you are aware they have declined this vaccine.

Thank you.

From: Pskowski, Samantha L (SBOH)
Sent: 2/23/2022 7:53:50 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccines for School Children – A Second Opinion

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Jenna Edlund <jennaedlund@yahoo.com>
Sent: Tuesday, February 22, 2022 11:59 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>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Kwan-Gett, Tao (DOH) <Taosheng.Kwan-Gett@doh.wa.gov>; Todorovich, Jessica L (DOH) <Jessica.Todorovich@DOH.WA.GOV>; Bayne, David M (DOH) <david.bayne@doh.wa.gov>; Becker, Leslie (DOH) <Les.Becker@doh.wa.gov>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Perez, Elizabeth (DOH) <Elizabeth.Perez@doh.wa.gov>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Weed, Nathan (DOH) <Nathan.Weed@DOH.WA.GOV>; benjamin.wilfond@seattlechildrens.org; FBell@wcaap.org
Subject: Vaccines for School Children – A Second Opinion

External Email

> ☐ Our State Leaders:
>
> I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.
>
> I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.
>
> My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.
>
> Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

>
> Thank you.
>
>
>
> "
>
>
> Thanks,
>
> Jenna
> God Bless America and Go Seahawks!!!!
>
>
> -Sent from my iPhone

From: karma crabtree
Sent: 2/16/2022 6:58:13 AM
To: David Rubino
Subject: Re: Follow the good example of Kettle Falls and Richland

External Email

School boards and superintendents,

I am writing to ask that you follow the example of Kettle Falls and Richland and disregard the unlawful order to force children to cover their faces against their will.

I know you care about kids... and I know that you care not just about their education and health, but about their human rights. Forcing a child to wear a covering over their face against their will is a human rights abuse.

Just two years ago, if you found that a teacher or a principal had created a policy to force kids to wear masks to stop them from "spreading disease", you would have taken action against them! And you would have cited the WHO and the CDC who agreed that masks were useless against airborne illness and that forced covering of the face and head is a historically a tool of subjugation and marginalization. Nothing has changed in those two years. Human rights must be defended everywhere, even here at home.

I know you care, and that you are not the villains. The villains are the evil men who claim to rule over you.... Jay Inslee, Umair Shah, Chris Reykdal, Dow Constantine, and Jeff Duchin. These males may mean well... but they are evil because they believe their opinion is enough to force a child to cover their face against their will. Evil is found in action, not just intent.

In the United States, the abuse of human rights by a government official is a CRIME. You are being instructed to carry out a crime. You do not have to do this. You not only have a moral obligation not to listen, but you have a legal right as well. An unlawful order can be disregarded. You will WIN if you sue, and you will WIN if you are sued.

Respectfully...

Karma Crabtree

Monroe & Bellevue School District

To: Dow.constantine@kingcounty.gov <mailto:Dow.constantine@kingcounty.gov>
; coronavirus@kingcounty.gov <mailto:coronavirus@kingcounty.gov> ;
joholmen@lwsd.org <mailto:joholmen@lwsd.org> ; jeff.duchin@kingcounty.gov
<mailto:jeff.duchin@kingcounty.gov> ; 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 <mailto:arasj@bsd405.org> ;
jarvisa@bsd405.org <mailto:jarvisa@bsd405.org> ; pattersony@bsd405.org
<mailto:pattersony@bsd405.org> ; maraldom@issaquah.wednet.edu
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sbliesner@lwsd.org <mailto:sbliesner@lwsd.org> ; ccarlson@lwsd.org
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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
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<mailto:kcexec@kingcounty.gov> ; wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>
; maddy.thompson@gov.wa.gov <mailto:maddy.thompson@gov.wa.gov>

From: laura coussens
Sent: 2/16/2022 4:15:08 PM
To: DOH WSBOH
Cc:
Subject: DO NOT MANDATE mRNA VACCINES

External Email

DO NOT INCLUDE Covid-19 injections as part of school immunization requirements using WAC 246-105. If you do so, more will become sick injured and die.

THESE ARE KNOWN FACTS ABOUT THE COVID SHOTS:

- this vaccine technology has not been adequately tested: it normally takes 5-10 years to understand the risks. Some risks may not show up until many years later.
- this vaccine has emergency use authorization only; anyone, including children, who take the shot, is participating in a mass medical experiment and has no recourse for adverse reactions.
- the vaccine presents more risk to children than Covid-19.
- there are many documented cases of myocarditis in children, especially boys, related to the shots.
- the shot has known potential in some individuals to cause permanent damage to the nervous, cardiovascular, reproductive and immune systems of children.
- children are at very low risk from Covid-19, they are unlikely to pass it to parents and grandparents. It is more likely that adults pass the disease to kids.
- more kids have died from influenza in 1 year than from Covid and we don't require influenza shots.
- BABIES UNDER ONE YEAR OLD HAVE GOTTEN SICK FROM CATCHING THE SPIKE PROTEINS FROM VACCINATED PEOPLE.

Sincerely, Laura Coussens (360) 652-8742.

From: Cara Shelton
Sent: 2/24/2022 10:59:54 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojc-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf0eb10090a0e45bf4c1408d9f7c7bb13>

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf0eb10090a0e45bf4c1408d9f7c7bb13>

Reason 3: The Vaccine does not reduce transmission:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvt3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf0eb10090a0e45bf4c1408d9f7c7bb13>

Reason 4: Even the Department of Health in today's presentation acknowledges that adverse long-term effects of the vaccine is only "assumed" to improve over time since that data is unknown.

Respectfully,

Cara Shelton
Gig Harbor, WA

Sent from my iPhone

From: Maria Harrington

Sent: 2/17/2022 9:31:54 PM

To: DOH Secretary's Office,DOH WSBOH,Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),Bayne, David M (DOH),Becker, Leslie (DOH),Perez, Elizabeth (DOH),Peterson, Kristin I (DOH),Weed, Nathan (DOH)

Subject: Criteria #5 & 6: WA BOH Meeting on Feb. 10, 2022



attachments\FB2833236CB0403A_WA BOH_Ref_Mtg_10Feb22_Mstr.docx

attachments\0FF178CAFD95494A_WA BOH_RESPONSE_10Feb22_01.docx

External Email

TO; WA Secretary of Health, Umair A. Shah, MD, MPH;
WA State Department of Health (DOH) Members); WA State Board of
Health (BOH) Members

I listened to the WA State Board of Health meeting that was held on Thursday, February 10th, 2022 concerning Criteria #5 and #6 in the report, Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030.

I have attached a list of questions concerning this meeting along with an attachment of references.

I would appreciate a response via email.

Sincerely,
Maria L. Harrington

Email:
MariaLH.227@gmail.com <mailto:MariaLH.227@gmail.com>

From: MarKay Neumann
Sent: 2/16/2022 4:51:47 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirement for children

External Email

I am very much against a requirement for children to be vaccinated as a requisite to attend school.
This is premature. The Covid vaccine has only been approved for emergency use. It has not received FDA approval.

Please do not head down this path.

Thank you,
MarKay Neumann
Anacortes

May the words of my mouth and the meditation of my heart be pleasing in your sight,
oh Lord, my rock and my redeemer. Psalm 19:14

From: linnea Comstock
Sent: 2/15/2022 6:42:52 PM
To: DOH WSBOH
Cc:
Subject: 2 Adolescent boys died of myocarditis after second dose of Pfizer vaccine



attachments\9E154993B6054D94_2 boys died.pdf

External Email

Please forward this to Technical Advisory Group regarding the covid vaccine requirement being considered for Washington Youth.
Thank you, Linnea Comstock



COLLEGE of AMERICAN
PATHOLOGISTS

ARCHIVES

of Pathology & Laboratory Medicine

EARLY ONLINE RELEASE

This article was posted on the *Archives* Web site as an Early Online Release. Note: Due to the extremely time sensitive nature of the content of this article, it has not been copyedited or formatted per journal style. Changes or corrections may be made to this article when it appears in a future print issue of the *Archives*. Early Online Release articles are citable by using the Digital Object Identifier (DOI), a unique number given to every article.

The DOI for this manuscript is doi: 10.5858/arpa.2021-0435-SA

The final published version of this manuscript will replace the Early Online Release version at the above DOI once it is available.

Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second COVID-19 Vaccine Dose

James R. Gill, MD; Randy Tashjian, MD; Emily Duncanson, MD

Connecticut Office of the Chief Medical Examiner, Farmington, Connecticut, (Gill); Department of Pathology, Yale School of Medicine, New Haven, Connecticut (Gill); Wayne County Medical Examiners' Office, Detroit, Michigan (Tashjian); Department of Pathology, University of Michigan, Ann Arbor, Michigan (Tashjian); Jesse E. Edwards Registry of Cardiovascular Disease, St. Paul, MN (Duncanson)

Corresponding author:

James Gill, MD

OCME

11 Shuttle Rd

Farmington, CT 06032

jgill@ocme.org

Supplemental digital content can be found at the end of article.

The authors have no relevant financial interest in the products or companies described in this article.

Running title: COVID-19 Heart Vaccine

ABSTRACT

Context.– Myocarditis in adolescents has been diagnosed clinically following the administration of the second dose of an mRNA vaccine for coronavirus disease 2019 (COVID-19).

Objective.– To examine the autopsy microscopic cardiac findings in adolescent deaths that occurred shortly following administration of the second Pfizer-BioNTech COVID-19 dose to determine if the "myocarditis" described in these instances has the typical histopathology of myocarditis.

Design.– Clinical and autopsy investigation of two teenage boys who died shortly following administration of the second Pfizer-BioNTech COVID-19 dose.

Results.– The microscopic examination revealed features resembling a catecholamine-induced injury, not typical myocarditis pathology.

Conclusions.– The myocardial injury seen in these post-vaccine hearts is different from typical myocarditis and has an appearance most closely resembling a catecholamine-mediated stress (toxic) cardiomyopathy. Understanding that these instances are different from typical myocarditis and that cytokine storm has a known feedback loop with catecholamines may help guide screening and therapy.

Myocarditis in adolescents (particularly teenage boys) has been reported following the second dose of the Pfizer-BioNTech COVID-19 vaccine.¹⁻⁷ Since cardiac biopsies are rarely performed in these instances with clinically stable patients, the myocardial pathology has not been clearly elucidated.⁸ Myocarditis is rarely diagnosed at autopsy in deaths due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.^{9,10} The incidence of myocarditis, although low, has been shown to increase after the receipt of the BNT162b2 vaccine, particularly after the second dose among young male recipients.¹¹ In addition, the first week after the second vaccine dose was found to be the main risk window.¹¹ The clinical presentation of myocarditis after vaccination was usually mild.¹¹

We report the autopsy results including microscopic myocardial findings of two teenage boys who died within the first week after receiving the second Pfizer-BioNTech COVID-19 dose. The microscopic findings are not the alterations seen with typical myocarditis. This suggest a role for cytokine storm which may occur with an excessive inflammatory response, as there also is a feedback loop between catecholamines and cytokines.¹²

MATERIALS AND METHODS

The Connecticut Office of the Chief Medical Examiner (OCME) and the Michigan Institute of Forensic Science and Medicine investigate all unexpected and unnatural deaths in their respective jurisdictions: Connecticut and the Michigan counties of Alcona, Gladwin, Huron, Lapeer, Ogemaw, and Saginaw.

Standard medicolegal autopsies were performed including gross, microscopic, and toxicological testing. SARS-COV-2 nasal swab testing was performed by reverse transcriptase-polymerase chain reaction (RT-PCR) assay. Tissues were sent to the National Center for

Emerging and Zoonotic Infectious Disease Branch of the Centers for Disease Control and Prevention (CDC) for molecular studies.

Cardiac molecular testing with sequence analysis and deletion/duplication testing of the 100 genes listed in Invitae's arrhythmia and cardiomyopathy comprehensive panel was performed.

RESULTS

The results of autopsies for two teenage boys who were found dead in bed 3 and 4 days after receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine are presented (Table 1). Both boys were pronounced dead at home without attempted resuscitation.

Boy A complained of a headache and gastric upset but felt better by post-vaccine day 3. There was no history of prior medical problems (he took prescribed amphetamine/dextroamphetamine during the school year for attention deficit hyperactivity disorder but was not currently receiving it) or prior SARS-COV-2 infection. Boy B had no complaints, prior health issues, or prior SARS-COV-2 infection. Neither boy complained of fever, chest pain, palpitations, or dyspnea. The autopsies were unremarkable except for obesity in one boy and the cardiac findings (Figures 1-7 and Supplemental Figures 1-4 [Supplemental digital content can be found at the end of article]). Unique cardiac findings in Boy A included myocardial fibrosis and in Boy B cardiac hypertrophy. There were no rashes or lymphadenopathy.

Expanded forensic toxicological testing was negative for medications and drugs of abuse. SARS-COV-2 was not detected by postmortem swab (RT-PCR assay) in either boy. Cardiac

sections were submitted from the right and left ventricles (12 sections in Boy A and 29 sections in Boy B). The cardiac conduction systems were not examined.

DISCUSSION

Myocarditis is an inflammatory disease of the myocardium, which may occur in isolation or as part of multiorgan/systemic immune-mediated disorders or reactions to exogenous/endogenous substances.¹³ The etiologies are varied and include infectious and non-infectious causes. Non-infectious causes include immune/autoimmune (autoantigens, association with immune-mediated diseases, alloantigens, and allergens), drugs/toxic substances (e.g., hypersensitivity or direct toxic effects), and other causes (e.g., radiation, and insect stings, snake bites).¹³ Lymphocytic myocarditis is the commonest histological subtype, characterized by an inflammatory myocardial infiltrate typically comprising mononuclear cells. In the acute/active phases, it is usually accompanied by myocyte damage/necrosis.¹³ Although criteria are evolving, the Dallas Criteria requires "inflammatory infiltrates of the myocardium with necrosis and/or degeneration of *adjacent* myocytes, not typical of ischemic damage associated with coronary artery disease."¹⁴⁻¹⁶

Toxic myocarditis is an etiological classification involving direct myocardial injury by various drugs or substances.^{13,17,18} Although variable, the histologic features consist of two main patterns: an early stage with foci of solely necrotic/damaged myocytes and the later phase of "myocarditis." Toxic myocarditis usually indicates inflammatory stages of catecholamine-induced myocardial injury. Catecholamine toxicity on the heart was first described in patients with pheochromocytoma.¹⁹⁻²¹ These lesions have been described in patients with subarachnoid hemorrhages and, more recently, in donor hearts rejected for transplantation in deaths declared

dead by neurological criteria, secondary to catecholamine-release during the ‘sympathetic storm’ following “brain-death” or administered as pharmacologic support (see supplemental images).^{22,23} The wide spectrum of these lesions has been studied in detail in routine pathology examination of donor hearts unsuitable for transplantation.²²

Both teenage boys had similar clinical presentations with no obvious cardiac symptoms. Their histopathology does not demonstrate a typical myocarditis. In those instances, one sees lymphocytic (or giant cell) infiltrates with adjacent myocyte necrosis; changes such as hyper eosinophilic myocytes and contraction bands are absent. In these two post-vaccination instances, there are areas of contraction bands and hyper eosinophilic myocytes distinct from the inflammation. This injury pattern is instead similar to what is seen in the myocardium of patients who are clinically diagnosed with Takotsubo, toxic, or “stress” cardiomyopathy, which is a temporary myocardial injury that can develop in patients with extreme physical, chemical, or sometimes emotional stressors.²⁴⁻³¹

Stress cardiomyopathy is a catecholamine-mediated ischemic process seen in high catecholamine states in the absence of coronary artery disease or spasm.^{17,31} It has also been called “neurogenic myocardial injury” and “broken heart syndrome.”^{18,24-36} Surges in catecholamines may have several triggers (fight/flight response, adrenal pathology, etc.). Proposed mechanisms for catecholamine-mediated stunning in stress cardiomyopathy include epicardial spasm, microvascular dysfunction, hyperdynamic contractility with midventricular or outflow tract obstruction, and direct effects of catecholamines on cardiomyocytes.³³

Catecholamine-mediated myocardial stunning may be due to direct myocyte injury as elevated catecholamines decrease the viability of myocytes through cyclic adenosine monophosphate (AMP)–mediated calcium overload. Catecholamines also are a potential source

of oxygen-derived free radicals which can interfere with sodium and calcium transporters, possibly resulting in myocyte dysfunction through increased transsarcolemmal calcium influx and cellular calcium overload.³⁷

Histologically, catecholamine effects have been associated with contraction band necrosis, characterized by hypercontracted sarcomeres, dense eosinophilic transverse bands, and an interstitial mononuclear inflammatory response that is distinct from the polymorphonuclear inflammation seen with infarction. In addition, the mononuclear cells are not causing the myocyte necrosis; there is a distinct, separate distribution.³⁷

We suspect that the acute cardiac changes seen in these two boys are the result of epinephrine-mediated effects on cardiomyocytes. These occurrences generally have a favorable prognosis, however, some patients may die from the underlying (non-cardiac) cause of the myocardial findings (e.g., such as with subarachnoid hemorrhage). Histologically, diffuse hypereosinophilic myocytes, contraction bands, and coagulative myocytolysis are seen, with a patchy and random pattern and a neutrophilic/mononuclear cell infiltrate. With longer survival, global myocardial ischemia may develop.³⁷

This post-vaccine reaction may represent an overly exuberant immune response and the myocardial injury is mediated by similar immune mechanisms as described with SARS-COV-2 and multisystem inflammatory syndrome (MIS-C) cytokine storms.³⁸ MIS-C is a rare systemic illness presenting with persistent fever and extreme inflammation following exposure to SARS-CoV-2. Affected children have persistent fever and may have acute abdominal pain with diarrhea or vomiting, muscle pain/malaise, and hypotension. Other reported symptoms include rashes, enlarged lymph nodes, and swelling.

A hypersensitivity reaction is in the differential diagnosis, however, infrequency/lack of eosinophils would be unusual. The common denominator of a hypersensitivity reaction is the eosinophilic infiltrate, which may be the major inflammatory component or be part of a complex picture of mixed inflammation with lymphocytes, macrophages, plasma cells, poorly formed microgranulomas, and giant cells.³⁹ An autopsy study of 69 cases of hypersensitivity myocarditis examined the spectrum of histologic findings including the distribution of infiltrates and the extent and composition of the infiltrates.⁴⁰ They reported that hypersensitivity myocarditis was "defined by the presence of eosinophils, a mixed lymphohistiocytic infiltrate along natural planes of separation, and an absence of fibrosis or granulation tissue in areas of infiltrate."⁴⁰

Despite a molecular investigation, the etiology of the fibrosis in case A is unclear. It is conceivable that this process first started with the first vaccination dose and the initial myocardial effects resolved and healed over time. The second dose may have restarted the process. One might expect some scarring/repair after a few weeks, although the scarring in Case A appears more organized than the three-week interval between the vaccine doses. Also, it is only in one of the cases. It remains possible that the fibrosis represents arrhythmogenic cardiomyopathy. Unfortunately, cardiac molecular testing was equivocal.

Regardless of the etiology of the fibrosis, the extent of scarring by itself is potentially arrhythmogenic and may be a contributing factor with the acute post-vaccine myocardial injury. Similarly, the cardiac hypertrophy in Case B may have made the heart more susceptible to an arrhythmia. The key point is that since these boys had died suddenly and unexpectedly in their sleep without resuscitation, if the arrhythmia had been due to the myocardial scar (Boy A) or cardiomegaly (Boy B), then the fulminant, global myocardial injury would not be an expected

finding. These two clinical histories support the etiology of the acute myocardial injury as a primary factor not a secondary agonal or post-resuscitative artefact.

Two adults (ages 42 and 45 years) with "myocarditis" diagnosed histologically (one at autopsy and one by biopsy) following SARS-COV-2 mRNA vaccinations were recently reported.⁴¹ One occurred 10 days after receiving the first Pfizer-BioNTech COVID-19 vaccine dose and the other occurred 14 days after receiving the second mRNA-1273 (Moderna) dose. Histologically, both were described as "fulminant" myocarditis with "multifocal cardiomyocyte damage associated with mixed inflammatory infiltration." In addition to areas of myocyte necrosis associated with the inflammatory infiltrate, the photomicrographs demonstrate ischemic changes distinct from the inflammation similar to our findings.

Cytokine storm has been described with an excessive and uncontrolled inflammatory response, and there is a feedback loop between catecholamines and cytokines.¹² Clinical complications may include cardiac compromise, respiratory distress, and hypercoagulation.⁴² The myocardial injury seen in these post-vaccine hearts has a similar histologic appearance as catecholamine-mediated stress cardiomyopathy and severe SARS-COV-2 infection, including "myocarditis" which is associated with cytokine release syndrome.³⁸ Recognition that these instances are different from typical myocarditis and that cytokine storm has a known feedback loop with catecholamines may help guide screening, diagnosis, and therapy.

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FIGURE LEGENDS

Figure 1: Case A, Heart: Confluent areas of ischemia. Hematoxylin and Eosin stain (H&E), 100X.

Figure 2: Case A, Heart. Coagulative and contraction band necrosis. H&E 200X.

Figure 3: Case A, Heart: Subepicardial fibrosis. This appears older than the timing of the first vaccine dose. This is a possible arrhythmogenic cardiomyopathy, but its appearance is more consistent with healed ischemia or inflammation. H&E 40X.

Figure 4: Case A, Heart. Confluent areas of ischemia with contraction bands and coagulative myocytolysis. 200X.

Figure 5: Case B, Heart: Hypereosinophilic myocytes, contraction band necrosis and coagulative myocytolysis H&E 100X. Inset: The infiltrate is predominantly neutrophilic. H&E 400X.

Figure 6: Case B, Heart. Subepicardial coagulative myocytolysis/contraction band necrosis. H&E 100X.

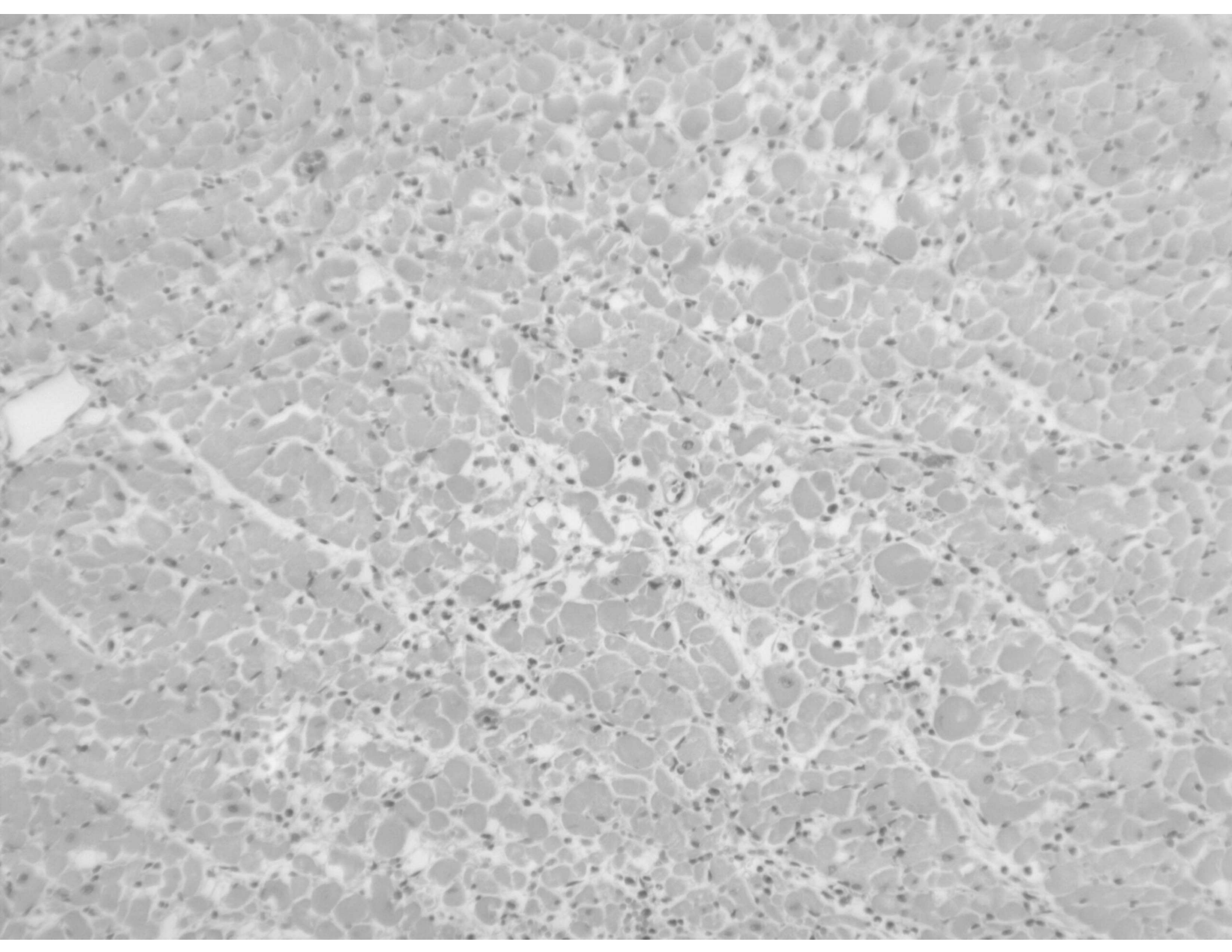
Figures 7: Case B, Heart. Perivascular inflammation. H&E 200X.

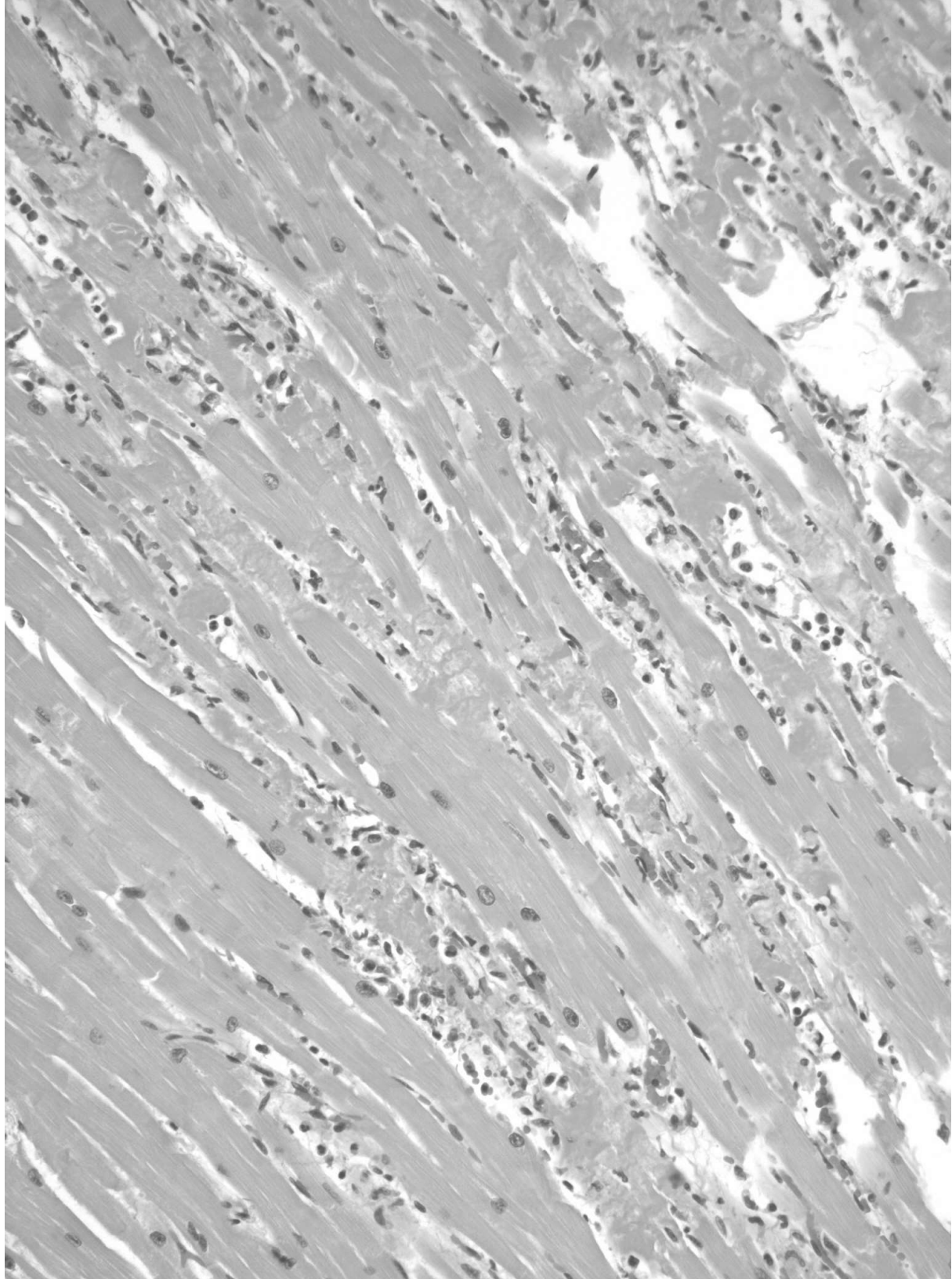
Table 1. Summary of Clinical and Autopsy findings.

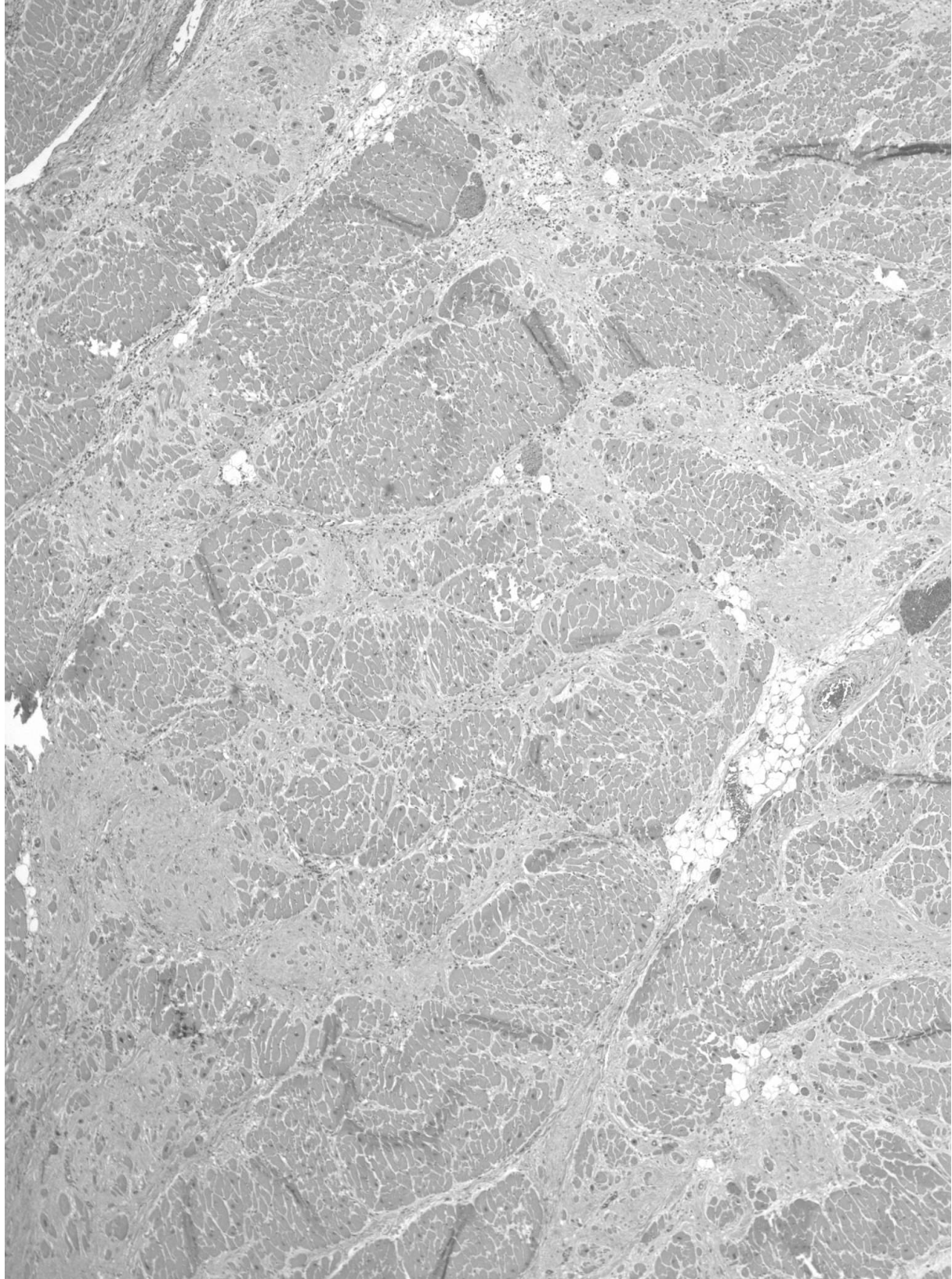
Patient	Heart Gross	Microscopic and Molecular
Teenage Boy A, BMI=21. History of attention deficit/hyperactivity syndrome.	280 gms, normal	<p>There was global myocardial injury with areas of coagulative myocytolysis and contraction bands, with a perivascular pattern of inflammation consisting of predominantly neutrophils with histiocytes, scant lymphocytes, and occasional eosinophils (Figures 1-4, Supplemental Figures 1-2).</p> <p>In some sections, the myocardial injury was predominantly subepicardial, while in other sections it was patchy and transmural. In the posterior wall, there was subepicardial/transmural fibrous scar, without fatty replacement. There were no acute or organizing thrombi. The overall pattern of injury was consistent with “stress cardiomyopathy” with contraction bands and a neutrophilic/histiocytic infiltrate.</p> <p>PCR tissue testing performed by the CDC on heart and lung found no molecular evidence of SARS-CoV-2 infection.</p> <p>Molecular testing on postmortem blood detected two variants of uncertain significance: DOLK (c.1257C>G (p.Ile419Met) heterozygous) and MAP2K2 (c.581-3C>T (Intronic) heterozygous).</p>
Teenage Boy B, BMI=30 with obesity	520 grams with biventricular dilatation and marked pulmonary edema (combined lung weight=1481 grams).	<p>There was global myocardial injury similar to that seen above, but with more widespread transmural ischemic changes and more interstitial inflammation, again with a predominant neutrophil component with histiocytes and scant lymphocytes (Figure 5-7, Supplemental Figures 3-4). Several sections had transmural, confluent areas of</p>

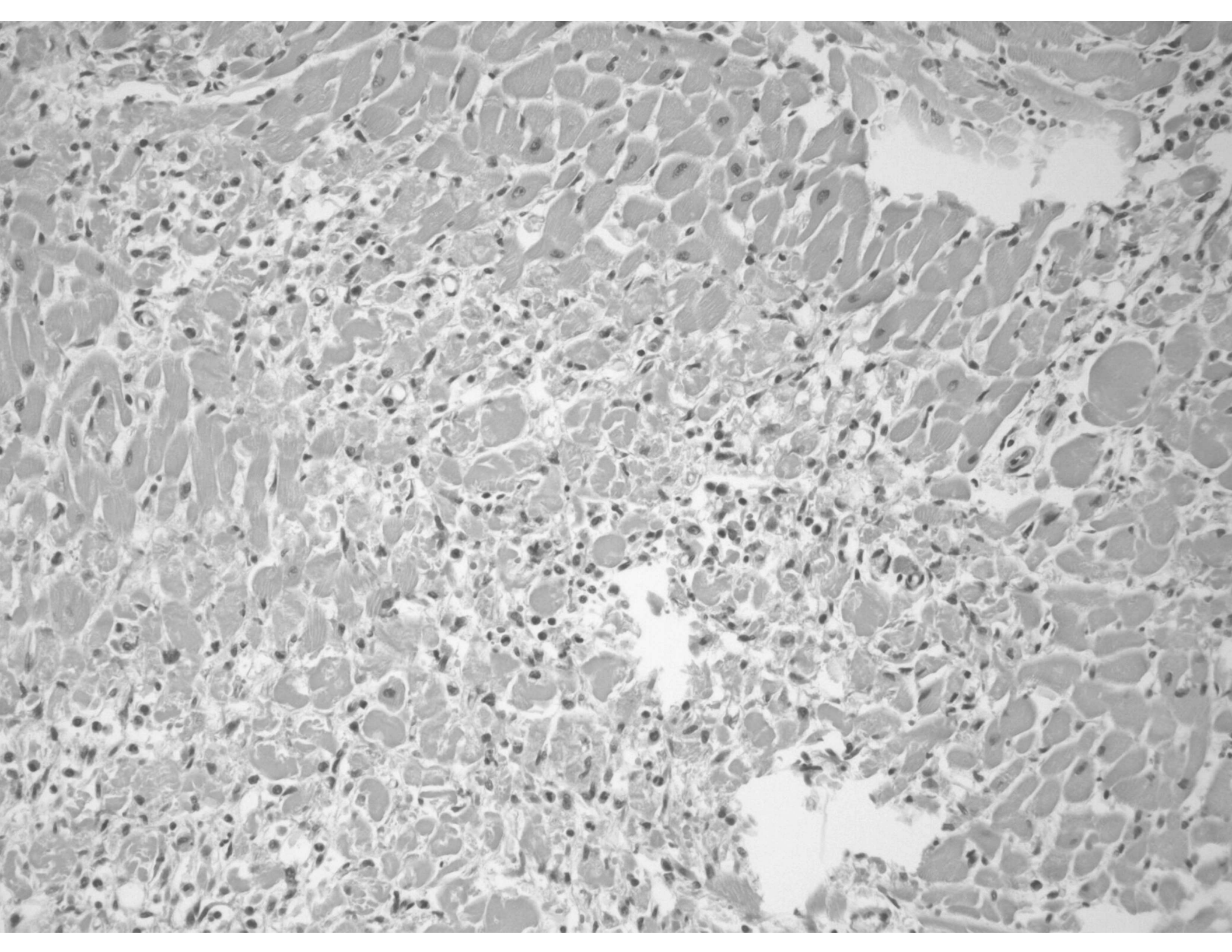
	hypereosinophilic myocytes, confluent areas of contraction bands apart from any inflammation, and florid neutrophilic inflammation with some histiocytes. In this case, a subepicardial distribution of injury was not seen. There were no acute or organizing thrombi. PCR tissue testing performed by the CDC on heart and lung found no molecular evidence of SARS-CoV-2 infection.
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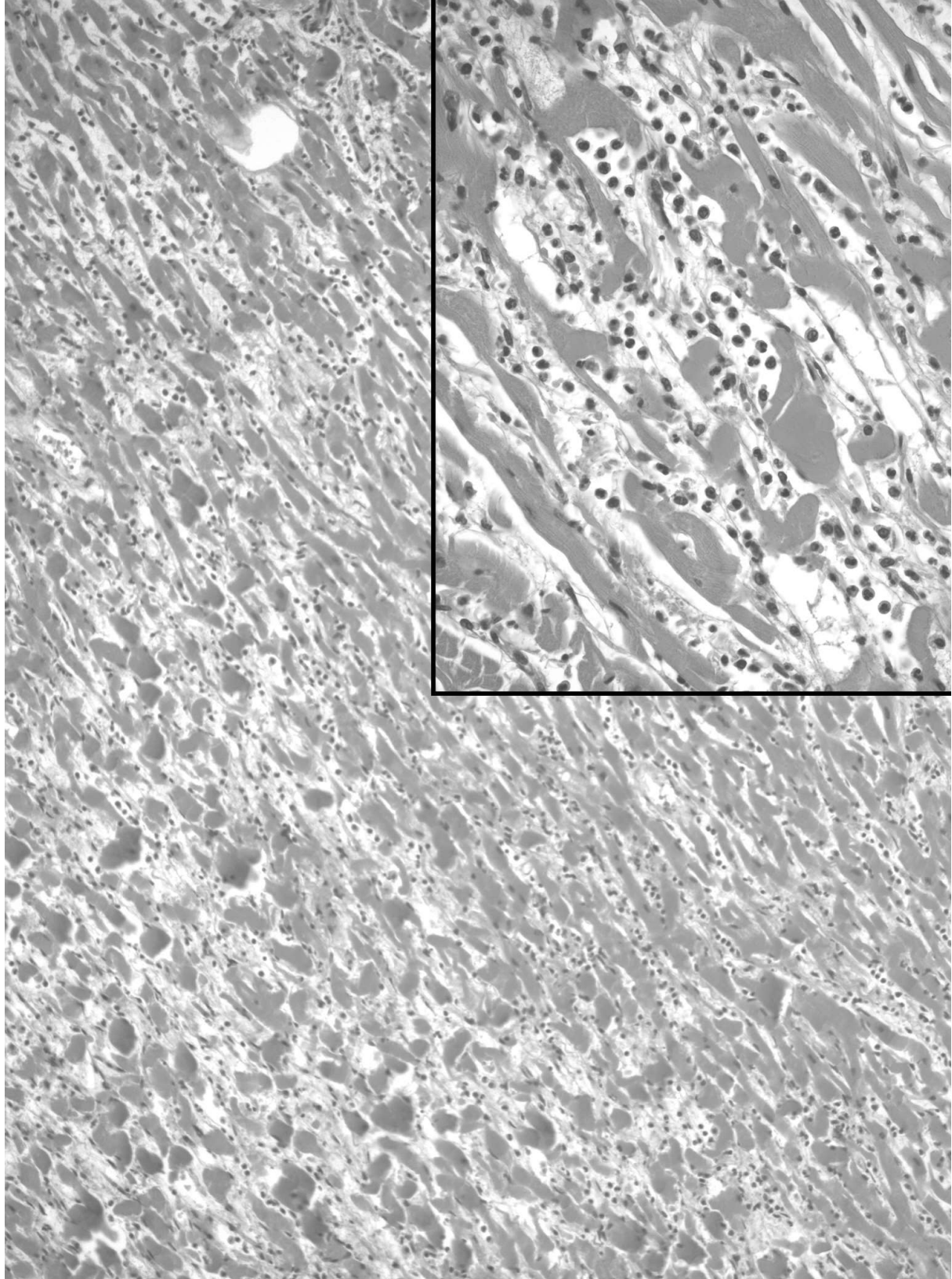
Abbreviations: BMI, body mass index; CDC, Centers for Disease Control and Prevention; PCR, polymerase chain reaction.

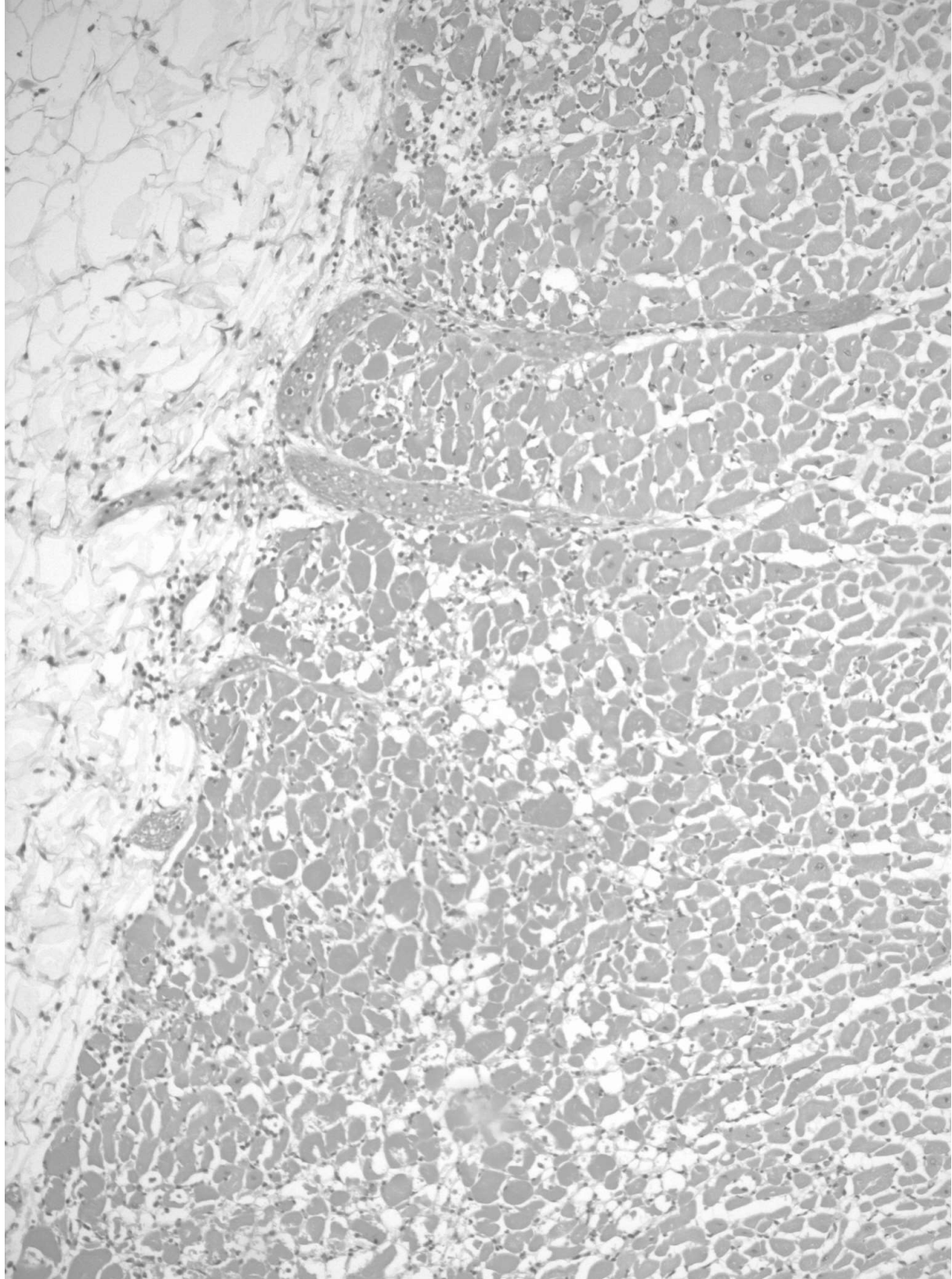












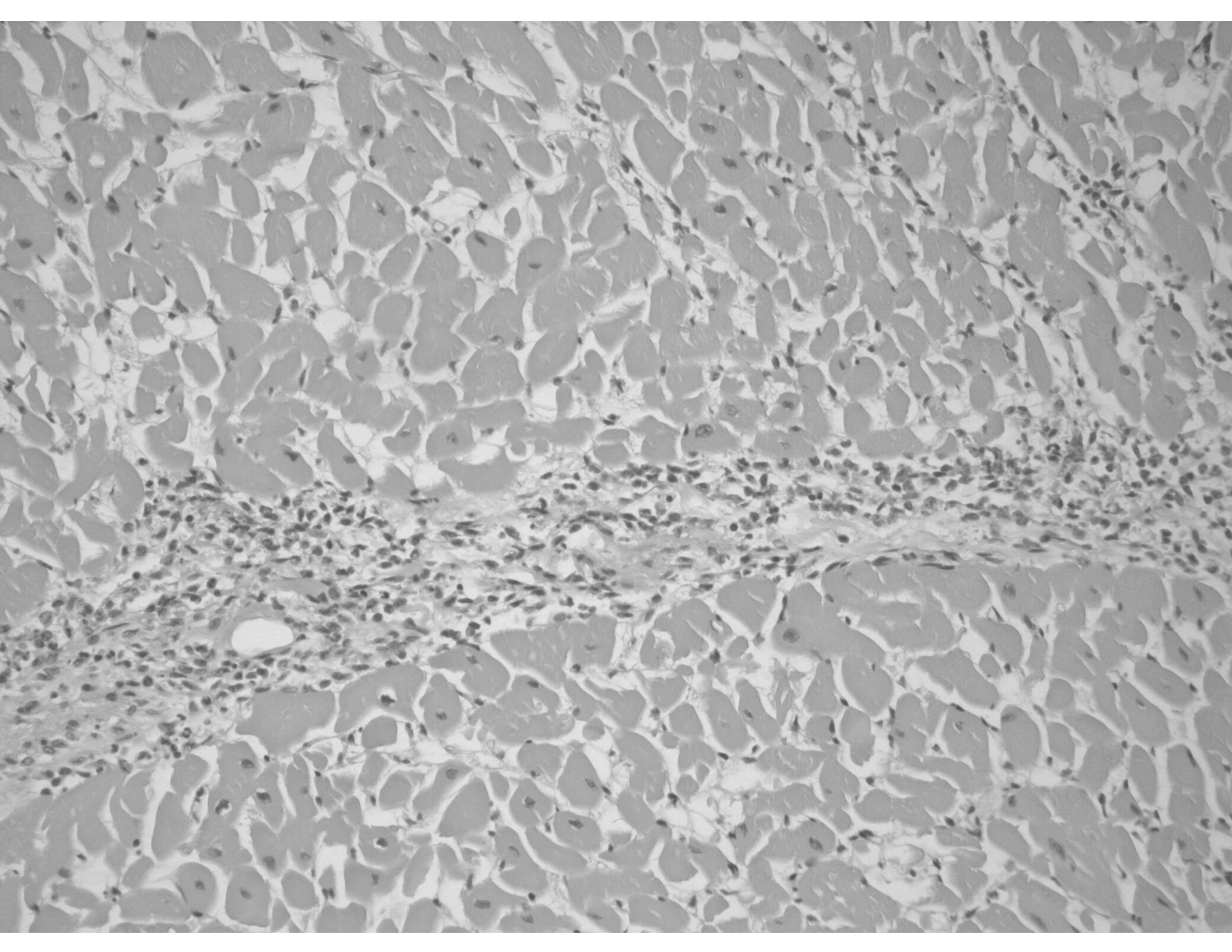


Figure 1: Case A, Heart: Confluent contraction band necrosis/coagulative myocytolysis, with a predominantly neutrophilic inflammatory infiltrate with histiocytes. Hematoxylin and Eosin stain (H&E), 100X

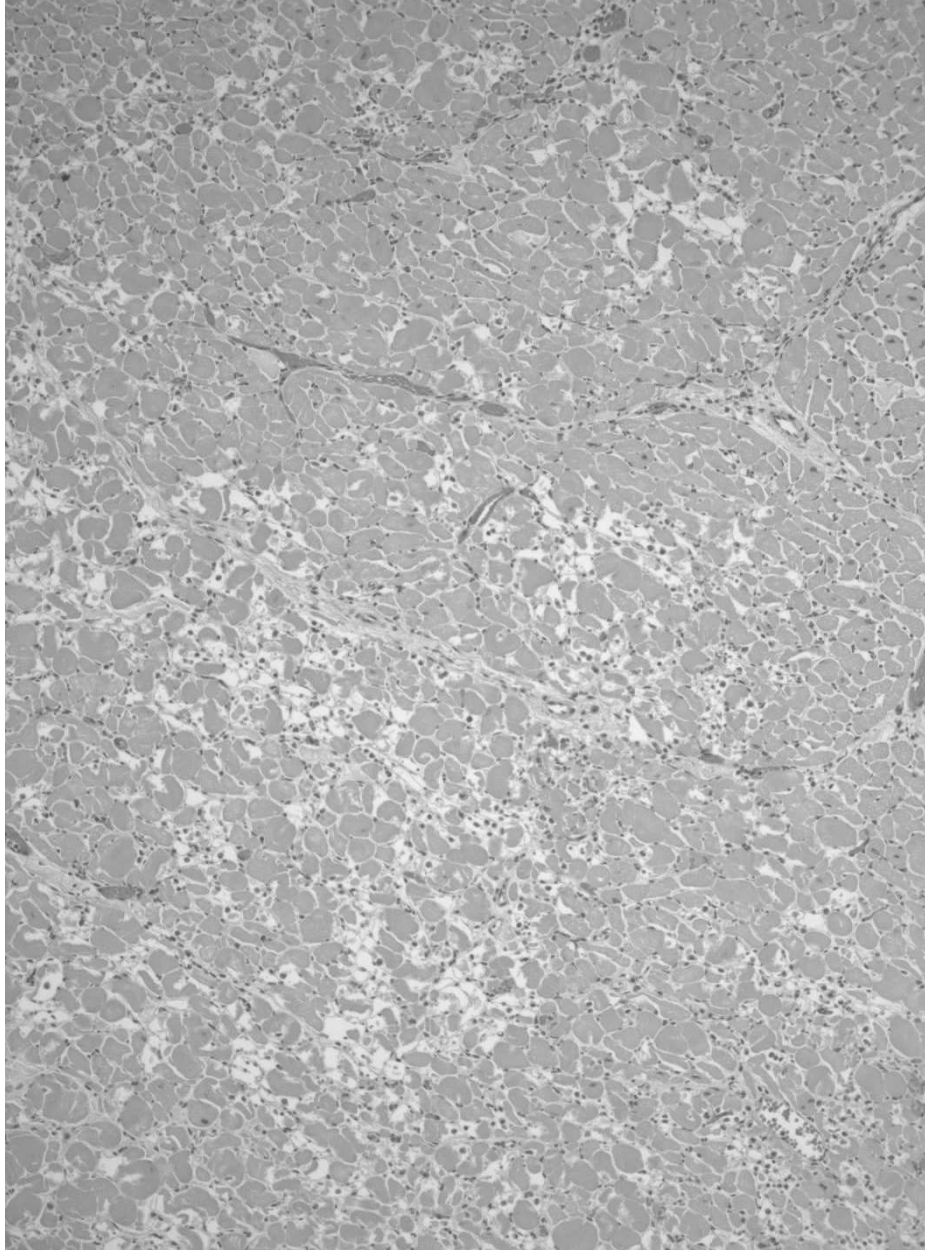


Figure 2: Case A, Heart. Interstitial inflammation adjacent to fibrosis. H&E 200X

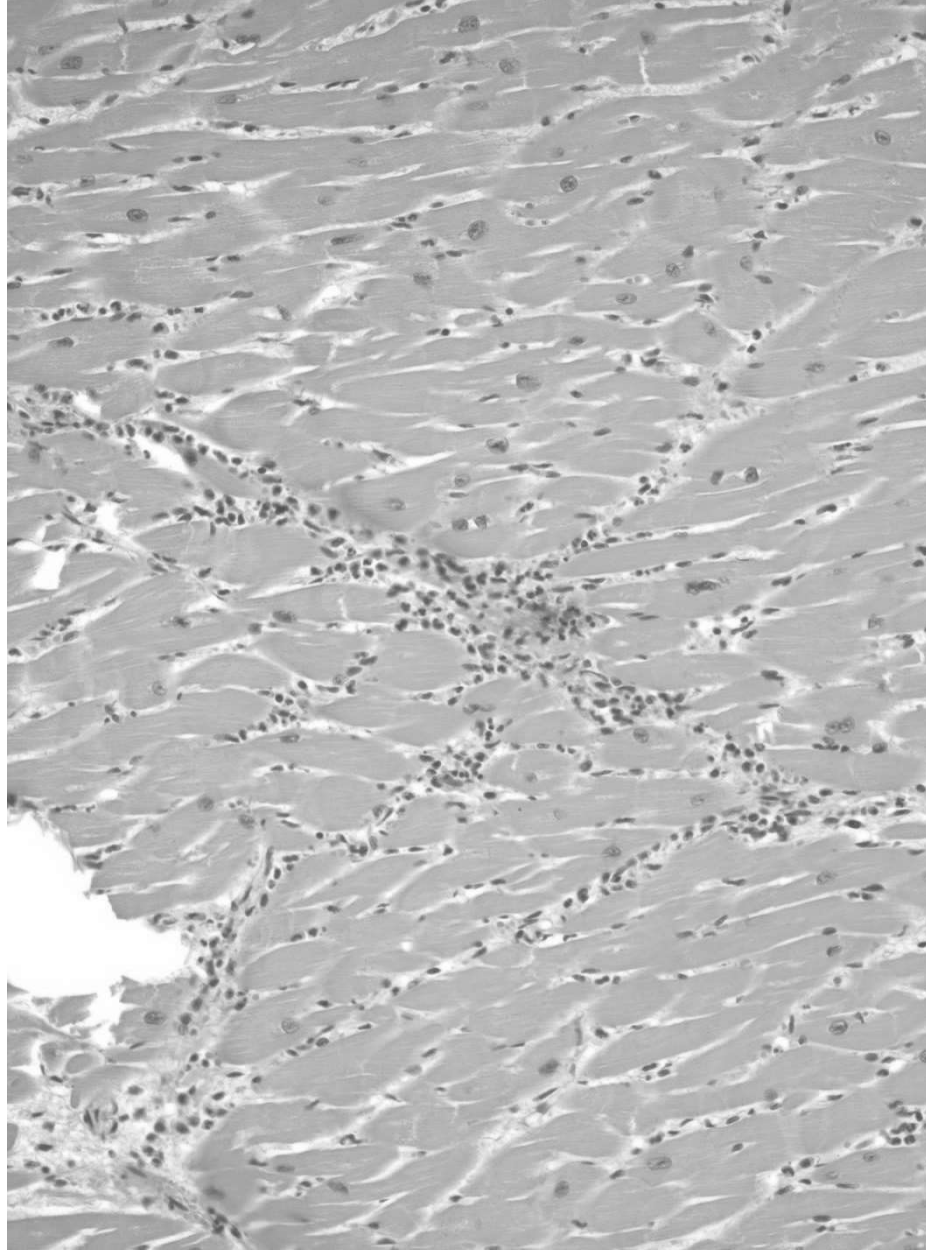
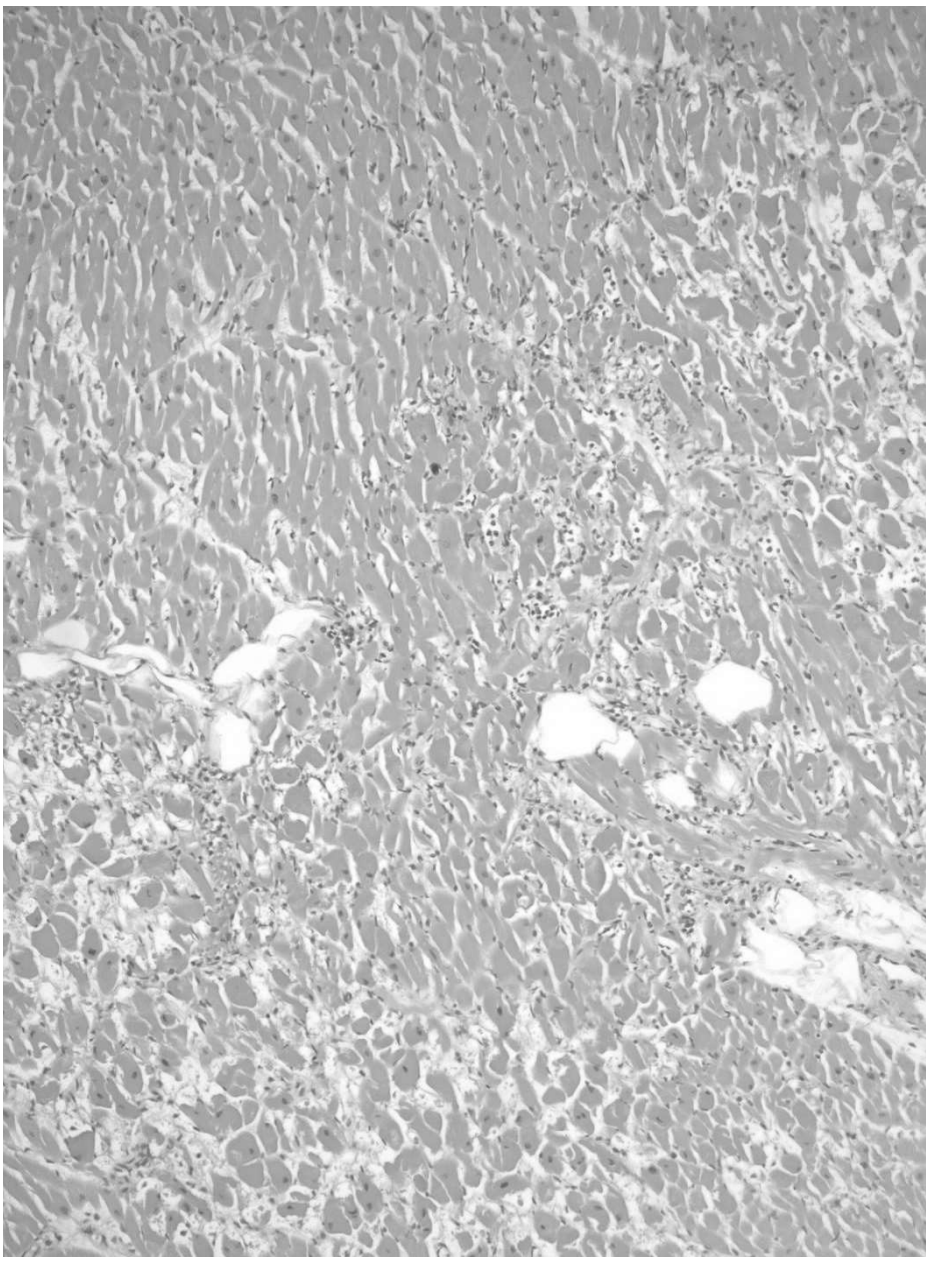
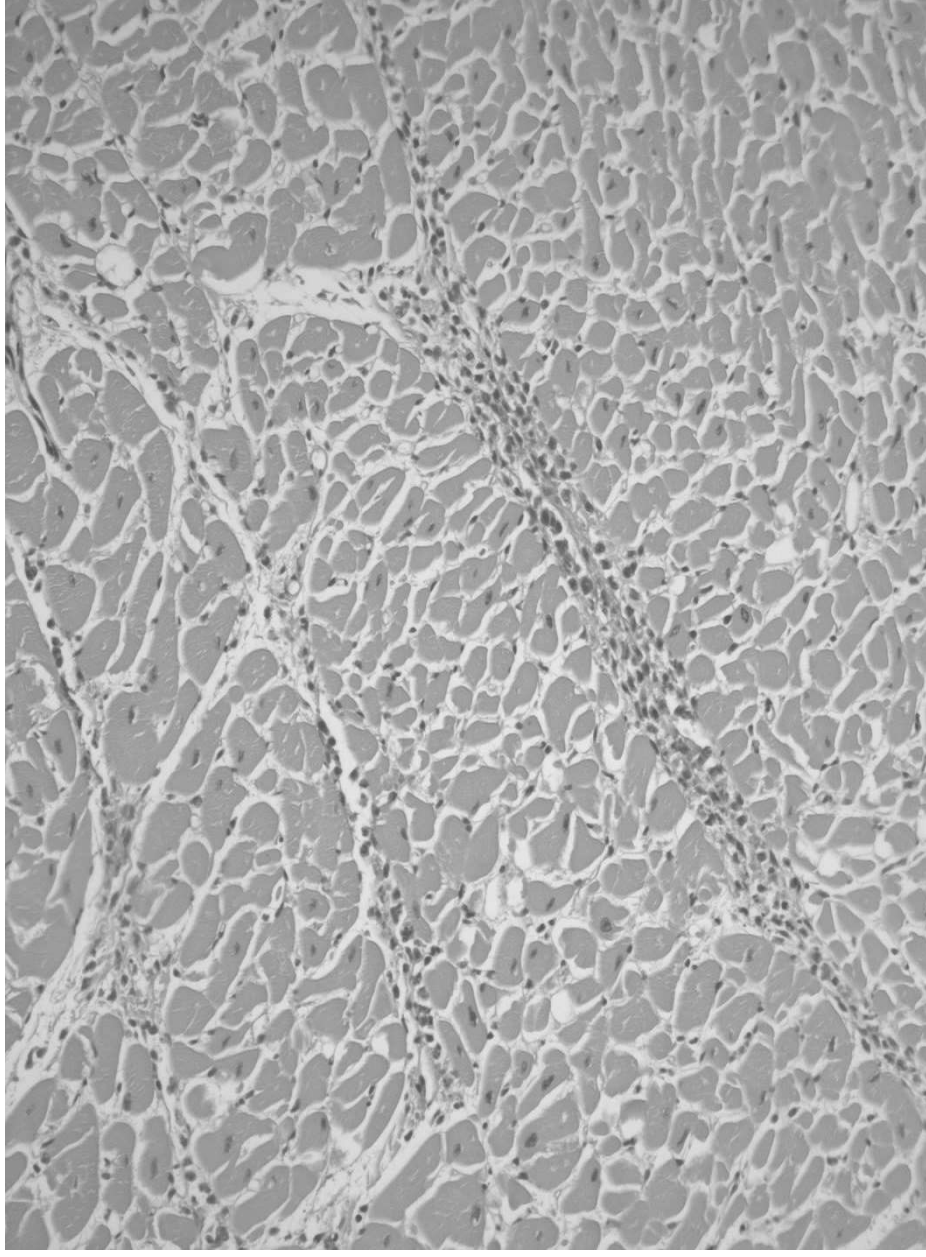


Figure 3: Case B, Heart. Confluent areas of ischemia with coagulative myocytolysis and contraction band necrosis. H&E 200X



Figures 4: Case B, Heart. Perivascular inflammation. H&E 200X



From: tapdancing
Sent: 2/18/2022 12:09:24 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for children

External Email

This vaccine is not safe. The full nature of the long term and short term risks and consequences are unknown. Natural immunity is long lasting and highly protective from disease and death. Natural immunity has not been discussed in your meetings. This vaccine was designed for the original virus, not Omicron which it has little or no efficacy. Nor is it designed for the next virus. This point also has not been discussed in your meetings. These vaccines do not stop transmission between people. Look how many people have come down with Covid after being vaccinated. All vaccines and drugs have risk. All of us have the right to understand these risks and decide for ourselves and our children whether we willingly accept those risks. To deny this is to deny human dignity. It is our job as parents to protect our children. We should be able as parents to decide what kind of health care our children need. Suicide and drug abuse have skyrocketed because of lock downs, masks and mandates. There is no proof that any of these measures have worked. If children are harmed by these injections, you will be responsible for the decisions you make regarding this vaccine. These injections can harm peoples brains, heart and immune systems. For evidence of that look online at Reddit and search for vaccine injuries. You will be horrified and enlightened. Please do some research on this.

A Concerned citizen of Pierce County

Sent with ProtonMail

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

From: KEITH ANGIER
Sent: 2/16/2022 4:44:35 PM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccine for School

External Email

Please vote no on this bill. Whether or not our children get COVID vaccine is up to we parents, and requiring it as an admission pass for them to go to school is wrong. The state has already done enough damage to them by unnecessarily keeping the schools closed for some time and making them wear masks is wrong.

Keith A Angier

From: Daniel Howard
Sent: 2/25/2022 1:29:09 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: Cathleen Demaray
Sent: 2/18/2022 10:23:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This is regarding the vaccine mandates in schools, which I am very displeased that this is even being forced upon our children to go to school. This is against the laws of the constitution and just plain wrong of human nature. We all should have a choice what we put into our bodies. This is not a choice when you tell someone that they have to get a shot of something so you can get an education. I hope you all reconsider what you are doing to humanity. If you really care about choice and freedom, then this would not even be something to try to force upon our children or on anyone. Thank you.

Sincerely,
Cathleen Demaray

From: Dallan Andrus
Sent: 2/25/2022 1:16:57 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: Teresa Ekdahl-Johnson
Sent: 2/16/2022 2:09:34 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: Covid-19 proposed requirement

External Email

WA State Dept of Health

111 Israel Rd SE

Olympia, WA 98501

Tess Johnson

Mossyrock, WA

February 16, 2022

Dear Sirs and Madams,

I am writing to you regarding the Advisory Group meeting on Covid-19 shot mandates for school children in the state of WA. I was able to listen in on the TAG Zoom meeting last week and have some thoughts to share.

As the mother of young children and as a healthcare provider myself, I cannot understand how the TAG and BOH can even consider requiring an experimental gene therapy for children in daycare and K-12 when it is only under EUA, and has only been in use for less than 1 year. Why is the government so set on experimenting on our children? Why is this such a high priority when children are affected by Covid-19 at such a low rate? Those children who have unfortunately succumbed to Covid-19, had other comorbidities which were contributing factors. Show me the documented hospitalizations and deaths for children with NO other health conditions, because I am not seeing it.

Both Dr. Lofgren and Dr. Kwan-Gett both admit there is a lack of evidence to support requiring this injection for school children. There is ZERO evidence for 0-4 year old age group! Additionally Dr. Lofgren admits there are high rates of myocarditis in vaccinated children. Why? Myocarditis is neither mild nor common, and no parent should be coerced to inject their healthy child with an unknown injection which may cause long term complications. Let me remind you that the ingredients and long term complications of this injection are completely unknown.

There is no informed consent for this injection, and the FDA/Pfizer has not released documents regarding safety trials as ordered by the federal court in the Northern District of Florida. At the very least, the entire discussion should be tabled until the release of those documents so parents can make an informed decision, not a decision that is pressured and driven by fear alone.

Furthermore, evidence has come out revealing that pieces of HIV are used in the injection to bind the spike protein. Can you assure the people of Washington that those who have accepted the injection that they will not test positive for HIV either now or in the future? Can you, with absolute confidence, assure that children who parents choose to accept this vaccine for them, that they will not become infected with HIV?

Are the Board of Health and members of the TAG prepared to assume the risks of this decision, including personal and criminal liability for choosing to ignore the lack of scientific evidence to support proceeding with the votes?

This entire process is a farce. The BOH and TAG are complicit in this fraud. Our children are not and will not be pawns in your sick and twisted game.

We will hold you accountable for your coerced and corrupt processes. We will not continue to let evil and greed operate in the shadows any longer.

Respectfully,

Tess Johnson, MSN, ARNP

Concerned Mother

From: Carol Johnson
Sent: 2/18/2022 9:00:36 AM
To: DOH WSBOH
Cc:
Subject: Covid injections as part of school immunization requirements

External Email

Risks include permanent damage to nerves and reproductive systems of children. No one should have the right to force unknown health risks on children. More kids die from influenza in one year than from Covid; we don't require influenza shots.

Governor Inslee---Single parents should not have to decide between risking their children's future or living in poverty to stay home to be a home-schooling parent.

From: Molly Allaway
Sent: 2/15/2022 12:29:55 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine

External Email

I am a mother of 2 high schoolers. I am against making this vaccine mandatory for our kids to receive an education. My children have already had covid and it was very mild. No worse than the common cold or flu. We are not vaccinated nor will we ever be. The risk of my child developing myocarditis from a vaccine is my main concern. Long term effects of what this vaccine can do to them are also a concern. If it comes down to this being forced upon my children I will remove them from public school and they will do online school. I know I am not alone on this one. You will see a mass exodus from the public school system. Quit trying to force this vaccine on people who do not want it. Let us live our lives and quit using the children as a science experiment.

Thank you,

Molly Allaway

509-405-3462

From: Donna Johnson
Sent: 2/24/2022 12:53:14 PM
To: DOH WSOB
Cc:
Subject: Public Comment to Technical Advisory Group for Covid-19 Inclusion

External Email

I have reason to believe that the data that the TAG group is using to evaluate the 9 criteria for Covid-19 vaccine to be included in the definition of WAC 246-105-030

Reason 1: According to the New York Times you are not seeing all the data that the CDC currently has regarding adverse effects from the Covid-19 vaccines:

<https://rumble.com/vvojcs-new-york-times-bombshell.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)

[bombshell.html](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvojcs-new-york-times-bombshell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C

Reason 2: Immunization of an individual with natural immunity will increase adverse side effects: <https://rumble.com/vvpt5e-high-zone-tolerance.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)

[tolerance.html](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvpt5e-high-zone-tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C

Reason 3: The Vaccine does not reduce transmission: <https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)

[transmission.htm](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C

Please watch and reconsider!

Respectfully,
D. Johnson

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)

[transmission.htm](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C209aac359e7f4a98471f08d9f7d792af%7C

Sent via the Samsung Galaxy A51 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%7C209aac359e7f4a98471f08d9f7d792af%7C>

From: Retta Ruth
Sent: 2/17/2022 9:40:06 AM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement

External Email

I am writing to urge you to scrap the idea of requiring school age children to be vaccinated against COVID. As you surely know, the vaccine has only an emergency use authorization and is not yet a true vaccine. Parents do not want their children being part of a medical experiment! We do not yet know the long term effects of these vaccines, and while the parents may not mind so much about their own bodies being used in that manner, we do not want our children to be part of an experiment. I can assure you this move will expand the home schooling movement exponentially.

Please reconsider your position. I truly believe you are being compensated to push these vaccines, but I remind you humbly and sincerely that God is watching and does not let injustice go unnoticed.

Sincerely,
Loretta Oakes

From: Scott & Georgene Faries
Sent: 2/17/2022 1:00:08 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Requirement

External Email

I am disgusted with the lack of sense you are displaying regarding forced vaccinations. See Seattle times in late December where it explains most COVID cases are vaccinated! Yet here you are without considering all the information.

For instance. I was looking into why a person would vaccinate their child when I stumbled upon this. I was trying to compare the benefit of giving kids the vaccine vs the possibility of them getting Covid let alone dying of it. What I found is the possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you but smart people like you and I that are not just blindly following a money/power motivated push, and want to know can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7Cffd26d766c4a489cd8f408d9f2587985%7C11>

As for catching and spreading this virus there are and have been many treatments that are and have been approved for years with little to no adverse effects that do help prevent illness and yes even infection. Everyone alive today who has eyes to see, ears to hear, and a mind of their own knows this. Why do you not know this? Or do you now and have lied for some unknown reason? If you do know this and have kept it from us for two years now, then you are the killers, not the virus!

As for forced quarantines and forced medical procedures. I promise you this is not a path we as Americans are going to accept, and if this is not the direction you are trying to push this then why are we having these hearings?

Georgene Faries
Concerned Mom & Grandma

<https://docs.google.com/uc?export=download&id=1pcE5YTdm0qE_53pg9G4FmNzl6IlxQ-Hi&revid=0B9O3IawGa-F7L0tqdUtwbUNWZzJkN0VTVjFvc3J6MG9GU2JRPQ>

425-232-3092

From: Tricia Monsen
Sent: 2/24/2022 12:39:09 PM
To: DOH WSBOH
Cc:
Subject: VOTE NO - Todays Vaccine Requirement Vote

External Email

Hello,

As a parent of a school aged child and a concerned citizen, I ask that you VOTE NO on the requirement of adding the Covid 19 vaccine to the list of required vaccines.

We DO NOT know the long term side effects of this vaccine on growing children. To require the most resilient and lowest carriers of this virus to be required to take a vaccine, that has more side effects so far than covid itself for children, is crazy. This vaccine has had more deaths and adverse reactions, according to VAERS, than all the other required vaccines combined, since they started reporting. Also, we know from a Harvard study on the VAERS reporting, only about 1-10% of adverse effects actually get reported. To rush this through, without long term studies, is irresponsible and incomprehensible.

Should this vaccine be required, my child will not be attending a Washington State school.

Sincerely,
Tricia Monsen

From: Chairman ICRP
Sent: 2/18/2022 2:08:51 PM
To: DOH WSBOH
Cc:
Subject: Regarding Madnatory Vaccines

External Email

I am disgusted with the lack of sense you are displaying regarding forced vaccinations. See Seattle times in late December where it explains most COVID cases are vaccinated! Yet here you are without considering all the information.

For instance. I was looking into why a person would vaccinate their child when I stumbled upon this. I was trying to compare the benefit of giving kids the vaccine vs the possibility of them getting Covid let alone dying of it. What I found is the possibility of death from the vaccine is higher than from Covid and that does not even take into account the other possible known and unknown adverse side effects in the 1 – 25 age group. It's amazing to look at the actual numbers, not just kids but even young adults end up having just as high of a chance of dying from the vaccine as they do from Covid. For instance, CDC says 2314 deaths in the age group of 0-25 from Jan 2020 to mid-November 2021 the US census 2019 says there are roughly 105.5 million people in that age group. They don't do the math for you but smart people like you and I that are not just blindly following a money/power motivated push, and want to know can do it for ourselves. Doing this math says a person in this age group has a .00218% chance of dying of the disease or in a cup is half full attitude (which the media and government power-hungry don't use) a 99.9978% chance of staying alive. Pretty good odds I would say. Compare that to the reporting in the CDC link included and remember to read it through as they hide the stuff they don't want you to see deep down at the bottom. Anyway, the chance of dying from the Vaccine is .0022%. Hmm if that age group knew this before they were lied to about the vaccine preventing you from getting it, or spreading it, to oh you can still get it, and spread it, but you shouldn't get very sick from it, to oh crap the vaccinated are getting sick and dying at almost the same percentage as the unvaccinated and we begin to see a problem. You will notice that they continually keep saying they recommend the vaccine even when their numbers don't justify it. You keep telling everyone to follow the science yet you turn a blind eye to it when it does not fit your power-hungry narrative! All I am saying is LET US CHOOSE! If you have medical issues or think you need it for whatever reason you should get it. But leave the rest of us alone. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<<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%7C127fba7d969e470a223f08d9f32b36d1%7C11>>

As for catching and spreading this virus there are and have been many treatments that are and have been approved for years with little to no adverse effects that do help prevent illness and yes even infection. Everyone alive today who has eyes to see, ears to hear, and a mind of their own knows this. Why do you not know this? Or do you now and have lied for some unknown reason? If you do know this and have kept it from us for two years now, then you are the killers, not the virus!

As for forced quarantines and forced medical procedures. I promise you this is not a path

we as Americans are going to accept, and if this is not the direction you are trying to push this then why are we having these hearings?

I look forward to some sanity being restored in our government but as of the last few years, we have seen none in this state!

Timothy S Hazelo (USN Ret)

Chairman Island County Republican Party

360-929-8805

From: Glen Parker
Sent: 2/17/2022 10:07:49 AM
To: DOH WSBOH
Cc:
Subject: Mandated vaccines for children

External Email

I know I speak for a lot of citizens in our area when you put our children at risk to make more money for big Pharma and very little benefit for the children you want to put in harms way. You can't be serious about trying to jab children when there haven't been any long range studies to back the use of the mandates. I know so many people that have had adverse reactions to the jab and I keep wondering how you and especially Allison Berry keep ignoring all the input of these cases. It makes me feel you all are corrupt from the mighty greed shown by big Pharma and especially Jay Inslee.

Please stop all mandates and help give our children a bright and happy future. Stop supporting the truly corrupt!

From: Mary Lou Shean
Sent: 2/26/2022 5:01:06 PM
To: DOH WSBOH
Cc:
Subject: Yes, add my name to the Board's email distribution list

External Email

marylou.shean@esd105.org <mailto:marylou.shean@esd105.org>

<<https://docs.google.com/uc?export=download&id=1wEBXLIF36Lh-InqsTNOIAziHMFLWhfax&revid=0B6-aQaBSsj2fMWhDV2FMeTVJK01Edmx3N3BmV3FGexRQSjZJPQ>>

Mary Lou Shean

School Nurse Coordinator
Educational Service District 105
33 So 2nd Avenue, Yakima WA 98902
509-454-3129

(work cell) 509-823-7869

www.esd105.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.esd105.org%2F&data=04%7>>

View ESD 105 employment opportunities

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.esd105.org%2FPage%2F325>>

From: Cindy Clapper
Sent: 2/24/2022 7:42:12 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for kids NO

External Email

Board of Health

PLEASE do NOT vote to have this vaccine be part of children's vaccines for schools . This vaccine has NOT been studied enough. It has not been reported enough the damage and deaths that have come from this shot.

What would you say to the Dad up in Laurelhurst, (Seattle)whose wife died (Jessica Wilson) from the shot so she could help her daughter's school. What would you say to their 2 daughter's about getting the shot .

You cannot mandate this emergency use shot for a virus that has mutated and changed....and the shot has KILLED many people.

I guess each one of you personally don't mind being sued, for making such a decision that would harm children.

I know a 41-year-old man that died from the booster shot, A 30-year-old man that died from the vaccine,

A 65-year-old man died also. Jessica Berg Wilson, 37 died.

Not to mention women who have been affected by bleeding after having the shot. I could go on and on....I am just asking you to PLEASE vote NO for this NOT to be any part of school entrance.

Thank you

Cindy Clapper

Dr. John Clapper (retired pediatrician)

Caroline Clapper

Jeffrey Clapper

From: Leann Breza
Sent: 2/25/2022 9:54:17 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: Rachel Alleman
Sent: 2/17/2022 3:04:58 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: Re: URGENT: SAY NO on Vaccine Mandates for Kids!

External Email

Say NO PLEASE! Again...we are the parents.

It's TOO SOON to make this decision.

On Feb 17, 2022, at 10:44 AM, Rachel Alleman <rachelalleman@yahoo.com> wrote:

□

In your answer on myocarditis - this is extrapolation, not actual data. You also don't know about all of the covid cases that weren't reported. Also, because we don't have the data, why are we experimenting on our kids?

"We don't have enough data to give a systematically good answer, no one really knows if that's beneficial." Said by one of the presenters.

What about children that have already have had covid-19? Are you considering prior immunity?

Thanks.

On Thursday, February 17, 2022, 10:15:49 AM PST, Rachel Alleman <rachelalleman@yahoo.com> wrote:

Hello -

Watching the BOH session now. My understanding is that the VAERS database is severely underreported b/c of the time it takes to fill out and the lack of incentives for medical professional and lay people to report. What are the "real" numbers?

You are using our children as guinea pigs with this shot. Will you take full responsibility for adverse affects of our children? The typical trial takes years and children have a high success rate of surviving Covid-19.

Why did Pfizer suspend their recommendation for shots for the next group?

Suggest you read these articles! Don't let this happen to our children. Why are these things happening if the vaccines are safe?

Thanks.

Rachel

Report (Part I): Young woman's heart believed to have been damaged by Pfizer vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Flocal%2Fpart-i-young-womans-heart-believed-to-have-been-damaged-by-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a95c0e18e074da035e508d9f269ea2c%7C1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Flocal%2Fpart-i-young-womans-heart-believed-to-have-been-damaged-by-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a95c0e18e074da035e508d9f269ea2c%7C1>

Report (Part I): Young woman's heart believed to have been damaged by Pf...

Port Townsend woman, 27, told she now has heart of an 80-year-old

<https://www.reuters.com/legal/government/covid-vaccine-injury-claims-mount-recourse-is-lacking-those-harmed-2021-10-19/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Flegal%2Fgovernment%2Fcovid-vaccine-injury-claims-mount-recourse-is-lacking-those-harmed-2021-10-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a95c0e18e074da035e508d9f269ea2c%7C11d0e>

Kyle's vaccine complication
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Professional Mountain Bike Racer Describes Life-Altering Vaccine Injuries After
Second Pfizer COVID Shot
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a95c0e18e074da035e508d9f269ea2c%7C11d0e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-warner-vaccine-injuries-pfizer-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a95c0e18e074da035e508d9f269ea2c%7C11d0e>

Professional Mountain Bike Racer Describes Life-Altering Vaccine Injurie...

Kyle Warner, a 29-year-old professional mountain bike racer, developed pericarditis,
POTS and reactive arthritis...

<<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>>

Kyle's vaccine complication

From: Robert Holte
Sent: 2/19/2022 5:41:41 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: William Henry
Sent: 2/16/2022 4:58:08 PM
To: DOH WSBOH
Cc:
Subject: VACCINE mandates for school children

External Email

We will not comply with any covid mandates for our children to go to school period! We have removed our children from all schools in WASHINGTON state and currently homeschool! Our children are FREE BORN AMERICANS with CONSTITUTIONAL rights!

Respectfully remove any mandates as we do not COMPLY with your EMERGENCY dictatorship and power grab Jay INSLEE!

Sent from my T-Mobile 4G LTE Device

From: Testify Online Survey
Sent: 2/16/2022 3:17:02 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/18/2022

2.

Agenda Item or Issue:

Covid for kids

3.

Your Name:

Torie Pinches

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6717 130th Street Ct E

7.

Email:

Agent99spyyy@gmail.com

8.

Phone Number (Include Area Code):

253-202-1560

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 vaccine

11.

Are you Pro or Con on the proposal?

2. Con

Your Board and your experts are not providing proper informed consent to the public. You are knowingly ignoring the lack of scientific evidence concerning effectiveness/safety of the vaccines in children. But yet, you are expecting your TAG members to sign their name off with a yes or no vote on something they have insufficient scientific evidence to enable them to make such a decision. A federal court in the Northern District of Florida ruled that the Pfizer (Comirnaty) vaccine is not equivalent to the vaccine in circulation in the states and that the Comirnaty vaccine is the only FDA approved version. To my knowledge, I don't believe this is available in the states. A federal judge has ordered Pfizer/FDA to release documents regarding safety trials and testing of the Covid vaccine. Pfizer and the FDA has not done so. Moving forward with such discussion without the manufacturer or the approval body releasing this court ordered information is bad faith and dangerous. At a minimum this entire process should be halted until these documents are released as ordered by the courts. If the Board chooses to continue forward with these meetings I hope the board does realize the risks and personal liability they and the TAG members are accepting in choosing to ignore the lack of science in proceeding with these votes. You have demonstrated a maladministration of the position you hold and you should discontinue the TAG meetings and resign for misinforming the public and subjecting the children of the state of Washington to undue harm... DO NO HARM. But in the age of trust the science, you have chosen to ignore even your own mantra.

From: Keith Kirby
Sent: 2/18/2022 10:59:32 AM
To: DOH WSOB
Cc:
Subject: 2/17 TAG Meeting Voting Results and Personal Commentary



attachments\A98BFD51F76B4700_VRBPA-10.26.21-Meeting-Briefing-
_PRD-TOOL_NAME-TOO LONG.pdf

External Email

To Whom It May Concern-

I continue to be astonished at the TAG's ability to ignore clear facts when it comes to children's risk with Covid. Again, per CDC data, greater than 99.9% recovery rate. How does this constitute an emergency? Now, we're considering mandating a "vaccine" to attend public school that does not prevent contraction or transmission of this virus. This is nonsensical and, as respectfully as possible, has entered into the realm of insanity. That is, doing the same thing and expecting a different result. Fact – more cases and deaths in 2022 – where masks and vaccines were available. So, why are we doubling down on that which did nothing to help the cause from a macro perspective? The data is clear, those who are at serious risk are the elderly and chronically ill. We should be targeting our approach instead of a scattergun method.

* #1 – why in heavens would we recommend a completely unproven vaccine for children who are all, but guaranteed to recover naturally from infection. On top of that, are we not seeing life altering side effects? Preventing one death at the cost of catastrophic heart related side effects to dozens makes no sense (see page 34 of the attached). Heart effects that have their own associated morbidity rates.

* #2 – what is this vaccine effective against? The CDC themselves have admitted the natural immune response from natural infection & recovery is stronger and more durable than that which is provided by inoculation. This "vaccine" is a therapeutic, not a vaccine. Again, those who will benefit are the elderly and chronically ill. Not healthy children.

* #4 – Again, we do not know what the long-term side effects are. We do know the "vaccine" does have heart related side effects. I can also speak from personal experience.....2 friends with Bells Palsy, neighbor had a stroke and is now on blood thinners, cousins wife had a stroke and died, my mother developed a blood clot, and my girlfriend had a miscarriage 3-days after taking her shot. Our children are not lab rats, yet, our medical professionals and I quote....."won't know what the long term side effects are until we start giving it to them". This is beyond unethical and is a breach of the hippocratic oath. Again, children face far greater risks in their day to day lives than the risk of death from Covid infection. This is an irrefutable fact.

Thank you,

Keith Kirby

From: Robert Holte
Sent: 2/17/2022 4:29:14 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: Teresa Leach
Sent: 2/20/2022 4:01:27 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

From: Ervin Caveness
Sent: 2/25/2022 2:16:06 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: Paul Cyr
Sent: 2/24/2022 11:36:05 AM
To: DOH WSBOH
Cc:
Subject: Re: Comments for the Immunizations Technical Advisory Group

External Email

Sent from my iPhone

> On Jan 7, 2022, at 10: 46 AM, Paul Cyr <paulcyr42@gmail.com> wrote:
>
> making COVID-19 shorts mandatory for school

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/17/2022 9:08:08 AM
To: DOH WSBOH
Cc:
Subject: FW: State Mandates

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

From: Megan Larsen <mlarsen2@gmail.com>
Sent: Wednesday, February 16, 2022 4:02 PM
To: 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: State Mandates

External Email

To whom it may concern,

I am writing this as a very concerned parent of three school aged children here in Washington State. I am very confused why there has been no movement or communication on why state mask and vaccine mandates have not been addressed and stopped. Almost every other state in our country has proven that they are listening to the parents and making it so masks are not required. There is STILL no scientific evidence or data that shows masks are helpful to prevent the spread of COVID between kids in classrooms. There is however a lot o evidence on why these masks are causing harm to our children. I am waiting for this Advisory Committee to give us such information. IT IS time to let us parents decide what is best for our children. You don't know my kids and you DO NOT get to decide what's best for them. I urge you to drop this insane mask mandate for our children, and urge you to drop this insane movement to mandate the vaccine for our children. Please hear our voices and be true leaders!

Megan Larsen
Concerned Parent

From: 4FreeeAmerica
Sent: 2/17/2022 6:32:57 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Schedule for kids

External Email

You are considering the COVID-19 vaccine today for recommendation for children for immunization for school access. There are many concerns with these "vaccines" that should make this an obvious "NO" vote. Given how far our state is continuing to go with COVID-19 vaccine measures, however, I feel compelled to emphasize these concerns here:

1. These are not vaccines. These shots are gene therapy. The active ingredient goes into some of our cells and takes over the production mechanism of the cell, causing them to produce the spike protein that is toxic to our bodies. The hope is that this will then stimulate an autoimmune response. The technology has been around for over 20 years, and was never approved for the use in humans b/c it always failed to be safe in clinical trials.
2. These shots are not effective. This has been proven over and over, with even the CDC acknowledging that they do not provide protection against infection or transmission. Even the claim that they prevent against severe complications is now showing to be untrue
3. These shots are not safe. As Pfizer is being forced to release their clinical trial data, what is being revealed is that the trial groups had more deaths than the control groups, and the severe complications from the shots were way beyond what has ever been considered acceptable in past clinical trial/approval thresholds.
4. No long-term data is available, and early safety signals are very concerning. Obviously there is no way to know the long-term results of this experimental gene therapy, but the fact that the shot does not stay in the arm, but is being taken up in greatest intensity in the brain, ovaries, testes, etc.. should be enough to prevent anyone caring for the long-term health and well being of people, especially children, to say NO to this.
5. Kids are not at risk from the virus. It is well documented that children are at higher risk for death from the vaccine than they are from the virus (at least at a 5:1 ratio with current data). The same pattern is seen when severe side effects are considered. This virus does not threaten our children's health while the shots do.
6. Personal liability. With the above information clear and available, anyone recommending these shots for children puts themselves at risk for personal liability suits down the road from injuries children incur. If you recommend these shots, and children are injured or killed from them, parents may reasonably be expected to seek damages from you personally.

There is a lot of money being offered from the federal government as enticement/reward for pushing these shots on as many people as possible. Your title is "Board of Health". I hope that you will make the obvious decision in this instance based on the consideration of health of our children alone.

Thank you for your time and consideration,

Tom Olson

From: Katie
Sent: 2/24/2022 12:59:12 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

"

Sent from my iPhone

From: Wendy Garner
Sent: 2/21/2022 10:15:17 AM
To: DOH WSBOH
Cc:
Subject: TAG Vote NO

External Email

" Not only do the mandates violate medical freedom and bodily autonomy, they are not scientifically sound. They are, in fact, dangerous. The COVID-19 vaccines do not prevent infection, transmission, hospitalization, or death. They actually increase risk of infection and risk of severe disease

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Fworse-thing-that-could-happen-study-shows-faucis-2020-concern-a-reality%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cc6e81147c79e4860c58108d9f565f7d4%7C11d39486-4342-4369-9192-000000000000>
through antibody dependent enhancement (ADE). And they have proven to be the most dangerous vaccines ever introduced

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.openvaers.com%2Fcovid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc6e81147c79e4860c58108d9f565f7d4%7C11d0e217>

Borrowed Informed Choice WA

Constitutional Republic:
God/Moral Law
Individual
Constitution
Government
Public Servants
Statute Law
Corporations

Please vote as we instruct you.
NO on vaccines.

David and Wendy Garner
Mossyrock, WA

From: Debra Wells

Sent: 2/17/2022 1:08:12 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), 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: EUA products

External Email

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 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%7C2b77c1059fcd4d12dcc508d9f2599894%7C11d0>>

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%7C2b77c1059fcd4d12dcc508d9f2599894%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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– 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%7C2b77c1059fcd4d12dcc508d9f2599894%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%7C2b77c1059fcd4d12dcc508d9f2599894%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%2F2015-2019%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%2Fncchs%2Fnvss%2F2015-2019%2Fweekly-deaths-by-age-group>
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 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%7C2b77c1059fcd4d12dcc508d9f2599894%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: DOH Information
Sent: 2/18/2022 1:38:23 PM
To: DOH WSBOH
Cc:
Subject: Vaccine feedback



attachments\3AC8BA63713E4C87_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%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 17, 2022 12:02 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:

Washington State Board of Health, Do NOT add Covid 19 vax to required vaccines for kids to attend school. As you know this vax is experimental and as you also know children are not at risk for Covid. However , myocarditis, thrombosis and neurological problems are happening to our kids because of this vax. Long term studies MUST be required before even thinking of adding this experimental vax. Sylvia Loosveldt

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:

Sylvia Loosveldt

Email:

Bcloosy@yahoo.com <mailto:Bcloosy@yahoo.com>
Telephone:
5093081475

5.

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

Bcloosy@yahoo.com <mailto:Bcloosy@yahoo.com>

From: ERIC CARLSON
Sent: 2/17/2022 1:21:12 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: Kahler, Kelie (SBOH)
Sent: 2/16/2022 7:54:28 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not make Covid vaccines mandatory for children

From: Pauline Cornelius <flothow@hotmail.com>
Sent: Wednesday, February 16, 2022 5:42 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Do not make Covid vaccines mandatory for children

External Email

Do not make Covid vaccines mandatory for school age children.

Remember that these Covid vaccines are:

- 1) under Emergency Use Authorization and are still Experimental.
- 2) being under EUA, the FDA has granted them a liability waiver so they can not be sued should a child or adult be harmed or even die from them.
- 3) children under 18 are the least likely to get or transmit Covid. However the vaccine side effects of heart inflammation, ect, including death are higher for them than if they got Covid. Just check with the CDC's reporting VAERS and ChildrensHealthDefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>

If you vote to add these Covid vaccines as mandatory for children attending school, rest assured that we will hold you, personally, morally and criminally responsible. There are just too many studies out now that refute Dr Fauci's and CDC's claims, and prove these vaccines cause more harm to the healthy than they protect. There is just too much money, coercion being passed around to censor the doctors and researchers that are coming forward.

You much do your own research!

We WILL hold you legally and morally responsible for your decisions.

Pauline Cornelius

7248 SE Nelson Rd

Olalla. Wa. 98359

Flothow@hotmail.com <<mailto:Flothow@hotmail.com>>

Sent from my Verizon, Samsung Galaxy smartphone

From: Jessica Henry
Sent: 2/25/2022 5:20:43 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: Lisette
Sent: 2/18/2022 11:40:29 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

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

The International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates.

Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year. Stop trying to test in our kids!!

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.

Children and youth have extremely low risk of dying from COVID-19 but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials. I have a couple friends with kids injured because of the vax.

If you approve it then the education system will collapse!

We are not backing up !! Our Kids our choice!!

From: Kahler, Kelie (SBOH)
Sent: 2/16/2022 11:49:21 AM
To: DOH WSBOH
Cc:
Subject: FW: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

From: Judy Holmes <jbholmes@nwlinc.com>
Sent: Wednesday, February 16, 2022 10:49 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: REQUIRED COVID-19 VACCINES FOR WASHINGTON STATE STUDENTS

External Email

Dear Ms. Kahler,

I am writing you today to ask that you consider NOT adding the Pfizer-BioNTech Covid-19 vaccine to the registry of required immunizations for Washington State students.

May I remind you that there is no FDA approved Covid-19 vaccine available in the United States at this time...they are all on a EUA. The initial testing is dubious at best, and there are NO long term studies to know what the effects of this experimental vaccine will be in 5-10 years. There is a lot of controversy as to whether the shots should be terminated now because of the number of deaths from the vaccine. Senator Ron Johnson of Wisconsin recently held a 5 hour panel titled "Covid-19: A Second Opinion." Where some of the leading Doctors (Dr. Peter McCulough, Internist, Cardiologist, Epidemiologist; Dr. Jay Bhattacharya (Professor of Medicine, Stanford University); Dr. Harvey Risch (Professor of epidemiology, Yale School of Medicine) have all come out and said, "Covid-19 vaccination for children is unnecessary, children are not the vulnerable group at risk of dying from Covid." The risk of vaccination significantly outweighs the benefit.

Thank you for your time and for listening to my deep concerns.

Best Regards,
Judy Holmes
Anacortes, WA

From: Jenny Dubinsky
Sent: 2/21/2022 7:14:58 AM
To: DOH WSBOH
Cc:
Subject: COVID Vaccines

External Email

Good Morning,

These vaccines have not been properly tested, are outdated and are not effective to stop transmission. I am asking you to consider data that proves that this type of mandate would be harmful to the health and well being of the children. DO NOT require these vaccines for our children to attend school.

Sincerely,

Jenny
Peninsula School District

From: Mitchell, Brittini M (DOH)
Sent: 2/22/2022 8:38:22 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for School Children

Please respond as appropriate – thank you!

Message was attached to: Vaccines for School Children

From: Barbra Villahermosa
Sent: 2/22/2022 7:48:18 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Chuck Goodwin
Sent: 2/22/2022 12:26:31 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Chuck Goodwin
2427 243rd Pl SE
Bothell, WA 98021

Get Outlook for Android

Message was attached to: Vaccines for School Children

From: Carolyn Strong
Sent: 2/21/2022 10:40:54 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Carolyn Strong

Message was attached to: Vaccines for School Children

From: Alissa
Sent: 2/21/2022 10:22:07 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory COVID vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for COVID to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Serene Ferreira
Sent: 2/21/2022 9:30:38 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant

evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Serene Picken

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: Yvette Montgomery
Sent: 2/21/2022 8:44:02 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Yvette Montgomery
Pierce county

Message was attached to: Vaccines for School Children

From: Alla Chyshynska
Sent: 2/21/2022 7:11:19 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sincerely,

Alla Chyshynska, RN

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: Jessica Bartholomew
Sent: 2/21/2022 6:43:22 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.
From a very concerned Mother, Jessica Bartholomew

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Dave McMullan
Sent: 2/21/2022 5:56:19 PM
To: secretary@doh.wa.gov.us
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Get BlueMail for Android

Message was attached to: Vaccines for School Children

From: Cody Wiles

Sent: 2/21/2022 5:45:31 PM

To: DOH Secretary's Office

Cc:

Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: Do the right thing. I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over

such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: lisa dravis
Sent: 2/21/2022 5:43:41 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: lisa dravis
Sent: 2/21/2022 5:42:35 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Lisadravis

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Alexandra Brown
Sent: 2/21/2022 5:34:39 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Ashley Schultz-Johnson (Ashley Johnson)
Sent: 2/21/2022 2:48:51 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Kim Armit
Sent: 2/21/2022 2:45:17 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Kim Armit

Message was attached to: Vaccines for School Children

From: Darcy Hansen
Sent: 2/21/2022 11:09:29 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children

External Email

To Our State Leaders:

We are concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Darcy

Message was attached to: Vaccines for School Children

From: Heather Petersen
Sent: 2/21/2022 10:48:25 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you. Heather Petersen

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: Mary Hall
Sent: 2/21/2022 10:10:38 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Message was attached to: Vaccines for School Children

From: Darcy Hansen
Sent: 2/21/2022 9:31:50 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Thank you.

Darcy

Message was attached to: Vaccines for School Children

From: Jenny
Sent: 2/21/2022 8:23:51 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Jeanette Pape
Sent: 2/21/2022 8:18:01 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Neal Padur
Sent: 2/21/2022 7:47:54 AM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Neal Padur
6202 26th St. N.E.
Tacoma, WA 98422
253-927-1168

Message was attached to: Vaccines for School Children

From: sophy englund
Sent: 2/20/2022 11:00:37 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

My research shows there is significant evidence these vaccines do not meet the requirements to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare.

Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors.

Thank you.

Thanx!!

Sophy Englund
305 495-9552

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: sophy englund
Sent: 2/20/2022 10:59:56 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Thanx!!

Sophy Englund
305 495-9552

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: mikederoiu2015@gmail.com
Sent: 2/20/2022 10:46:20 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency.

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Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Randy and Linda Bach
Sent: 2/20/2022 9:56:43 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: dboitano@gmail.com
Sent: 2/20/2022 9:04:34 PM
To: DOH Secretary's Office
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you,
Dave Boitano
Parent and Resident of Tacoma, Washington

Message was attached to: Vaccines for School Children

From: Chace Kloppenburg
Sent: 2/20/2022 8:43:27 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

~ Chace ~

Message was attached to: Vaccines for School Children

From: patriotpapa@protonmail.com
Sent: 2/20/2022 8:39:43 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Message was attached to: Vaccines for School Children

From: Ladypatriot216
Sent: 2/20/2022 7:47:39 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Kristen

Sent from ProtonMail mobile

Message was attached to: Vaccines for School Children

From: Tammy Nakamura
Sent: 2/20/2022 7:41:28 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Stephanie Gibler
Sent: 2/20/2022 7:36:06 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Message was attached to: Vaccines for School Children

From: Bethany Hodges
Sent: 2/20/2022 7:28:19 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.
Bethany Hodges

Sent from my iPhone

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: lamurphyla
Sent: 2/20/2022 7:17:01 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities.

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Thank you.

Lisa Murphy

Sent from ProtonMail mobile

Message was attached to: Vaccines for School Children

From: John Payne
Sent: 2/20/2022 7:06:29 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

to be included in WAC 246-105-030. Therefore, there should not be a requirement under Washington law for children to be vaccinated for Covid to attend school or daycare. Accordingly, I urge you in every way that you have any influence over such decisions, to please use your position to insist that such decisions be left up to the parents of children in consultation with their medical advisors. Thank you.

Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: John Payne
Sent: 2/20/2022 7:01:00 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children %2◆◆ A Second Opinion

External Email

To Our State Leaders: I am concerned that the State of Washington is considering mandatory Covid vaccines for children as a requirement to attend schools and daycare facilities. I believe that the decision regarding whether or not to administer these unproven drugs to children should be left up to their parents / guardians and not mandated by any State Agency. My research shows there is significant evidence these vaccines do not meet the requirements

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Sent from Yahoo Mail on Android

Message was attached to: Vaccines for School Children

From: Christina Meitzler
Sent: 2/20/2022 6:57:35 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

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Thank you.

Christina Meitzler

Message was attached to: Vaccines for School Children

From: Leigh Johnson
Sent: 2/20/2022 6:36:26 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

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Thank you.
Ms DE Johnson

Sent from my iPhone

Message was attached to: Vaccines for School Children

From: Gayle Baker
Sent: 2/20/2022 6:23:55 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

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Thank you.

Gayle Baker
Sequim, WA

Message was attached to: Vaccines for School Children

From: Jane Simmons
Sent: 2/20/2022 6:10:03 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
To Our State Leaders:

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Thank you.

Jane Simmons□□

Message was attached to: Vaccines for School Children

From: Tane Cabe
Sent: 2/20/2022 6:09:59 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email
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Thank you.

Sent from ProtonMail mobile

Message was attached to: Vaccines for School Children

From: Steve Gibson
Sent: 2/20/2022 6:06:37 PM
To: DOH Secretary's Office
Cc:
Subject: Vaccines for School Children – A Second Opinion

External Email

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Thank you.

Sent from my iPhone

From: Testify Online Survey
Sent: 2/22/2022 9:41:33 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 24, 2022

2.

Agenda Item or Issue:

Items 9, 10 & 11 reviewing vaccine criteria

3.

Your Name:

Heather Torres

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

ContactHeather@pm.me

8.

Phone Number (Include Area Code):

3602717017

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

Reviewing criteria to see if the covid vaccines should be included in school vaccine requirement schedules.

11.

Are you Pro or Con on the proposal?

2. Con

Criteria 7 is with regard to being considered safe to the medical community and public. The supporting documents and quotes in some cases are over a year old. The data from the last 6 months shows that not only are healthy children not at risk for covid-19 but that the vaccine is actually causing more health issues in the younger children than it is solving in preventing an illness that overwhelmingly doesn't impact them. Slide 5 says long term care and Healthcare workers get the vaccine so it must be ok. They got the vaccine because the law required those industries to. It was NOT voluntary and does not constitute belief in them. Slide 6 says nurses believe in the vaccines, again that's not saying they feel CHILDREN should get them. It's very misleading. Slide 8 shows a quote from pediatric nurses from May 2021, very old data and opinions. Slide 9 references an article in JAMA from 9/2020 saying there wasn't enough data to say one way or the other. There is now. There's a LOT of data now. In fact, even the NY Times, who's known for taking the CDC line and not bucking the system, published an article this week where MULTIPLE people at the CDC confirmed the data has been withheld and if it wasn't different decisions would be made. There's a lot of data showing that covid-19 isn't dangerous to healthy kids. There's a lot of data showing that schools can be safe with handwashing and distancing. There's a lot of data suggesting a greater risk of injury for children from the vaccine than there is from the virus. Why are we considering burdening families with a decision to be forced to vaccinate their children with a barely tested emergency use authorization only vaccine for an illness that we've seen does not impact schools and is not dangerous to the children? Leave this as a decision for families to make in their own. Just like the flu shot. It isn't our right as a health board to mandate an experiment on the children so they can go to school. Thank you

From: Rich Blocker
Sent: 2/18/2022 10:00:59 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

For this very resin the Nürnberg code was created, do not force this on are kids!

Sent from my iPhone

From: Jodi Dotson
Sent: 2/24/2022 12:05:05 PM
To: DOH WSBOH
Cc:
Subject: Children and gene therapy

External Email

Dear Department of Health,

I am writing to you on behalf of all the children who cannot speak for themselves. The TAG team is contemplating on making the gene therapy mandatory for children to attend schools. The sad thing about all this is the children are at the lowest risk of illness and of lowest at even spreading the virus. So, why would you force a child to be given a gene therapy in the first place? The masks have already harmed them with their immunity, psychosocial and emotionally now you want to give them something that has not even been studied. It has failed all the animal testing and now you want to inoculate them anyways. I have listened to the TAG information, and it is not compelling enough to put the children in danger. We are now moving to an endemic and you all want to push this toxic and sometimes deadly gene therapy anyways.

I am curious to know how much money you all receive in regard to these inoculations because there is no other reason for you to push so hard for this. Who is going to be responsible for the harm that comes to the children after the inoculations? Are you all going to take care of the children that get injured or die from these needless inoculations? I am just trying to understand if you all are (public health) professionals why on earth would you do this kind of thing? People rely on you to keep them safe from harm and you are doing just the opposite.

So, I ask you again, what is in it for you? Monetary gain? You can't put a price tag on a human being life, or can you?

I hope you do some soul searching and don't hide from the public. This plandemic has made it very convenient for public officials to hide behind a camera. The research and numbers come from other countries because of skewed numbers from US and them with holding the real data. People see this and know the truth while others are brain washed into believing what you say.

I just ask you each and every one of you to do your own research and not rely on the mainstream information that has mislead us all.

I pray you do the right thing and stop the madness before you can't. I do also believe anyone has the right to choose for their children to get gene therapy or NOT. So, by making it mandatory you take away the Freedom of choice.

Godbless,
Jodi Dotson, a mother, grandmother and very concerned citizen