
From: Stephen Angove
Sent: 3/3/2022 2:38:00 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Shots Requirement

External Email

I am glad to see the TAG members voted to not recommend adding the COVID-19 vaccine to the state's list of required immunizations for school entry. I have watched the Zoom meetings and from those that spoke I didn't hear anything that convinced me that the shot should be given to children.

Efficacy of the shot is just not there, you can still catch and transmit COVID-19. Since the survival rate is almost 100%, it just doesn't make sense. I would like to see the Board use their resources to teach kids the benefit of eating whole healthy foods, stay away from sugar and exercise.

I really would like to see actual doctors that have treated COVID-19 patients speaking in your meetings, not just those from academia.

--

Stephen Angove, CPA P.S.
P.O. Box 1020
Rochester, WA 98579
Phone (360) 273-2422
Fax (360) 273-9599
Email sangovecpa@gmail.com <<mailto:sangove@cfaith.com>>

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From: Virginia Applington
Sent: 2/28/2022 10:36:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Libby Walgamott
Sent: 3/3/2022 1:34:53 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates for Children

External Email

Dear Washington Board of Health Members,

I am writing to urge you not to make Covid 19 vaccines mandatory for our school children.

I am a 75 year old grandmother of 12. My husband and I are fully vaccinated as it is age appropriate for us. It is not appropriate or necessary for our youngsters. Three of our grandchildren have been vaccinated. That was their parents' choice which is as it should be, rather than government mandates and interference.

Covid has only adversely affected a very few children. All of those children have underlying conditions or suffer from obesity. The parents of those children should be responsible for seeking the correct preventive methods. The rest of our kids have a natural immunity. And, recent evidence from the CDC and Pfizer have suggested that the vaccines are not very effective in young children, and any protection it might offer declines quickly.

Please do NOT mandate Covid 19 vaccines for our kids. Leave this decision to the parents.

Thank you,
Libby Walgamott
12692 Marine Dr.
Anacortes, Wa. 98221

From: Sara Bailey
Sent: 3/3/2022 10:28:30 AM
To: DOH WSBOH
Cc:
Subject: Vote NO to forced Covid Vaccination

External Email

Studies have recently come out that the Covid vaccine is only 12 percent effective for children 5-11, so it's essentially worthless. Parents WILL pull their kids from school if you force this vaccine on our children and you WILL lose millions in funding.

You know in your hearts that this is not the right thing to do. It should be up to parents to decide what is best for their children and NOT you.

A concerned parent,

Sara Bailey
Olympia, WA

From: Yael Kantor
Sent: 3/2/2022 9:01:58 AM
To: DOH WSBOH
Cc:
Subject: How can you even recommend this



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External Email

What are you doing to the children??

Sent from my iPhone

From: kfreselli
Sent: 2/28/2022 4:38:42 PM
To: DOH WSBOH
Cc:
Subject: Requesting No Covid-19 Vaccine Mandate in Schools

External Email

To Whom It May Concern,

I am a concerned parent of two children enrolled in school in Washington State. Based off of the CDC's findings that there is no difference in transmission between the vaccinated and the unvaccinated and that the vaccine doesn't make a difference in children 5-11, I am against school vaccine mandates. If my children were required to be vaccinated to go to school, I will homeschool them.

Thank you for your time,

Karen Freselli

From: Bobbi Kludt
Sent: 3/1/2022 6:08:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not mandate any type of COVID vaccine for school attendance. Children are in very little danger from COVID. From what I have read, children are in more danger of a bad reaction or adverse event from the vaccine. The vaccine is experimental and unproven. The annual flu is more dangerous than COVID. Keep our children safe. Vote no on mandates.

Sent from my iPhone

From: mjroggenkamp@gmail.com
Sent: 3/3/2022 4:05:30 PM
To: DOH WSBOH
Subject: Recommendation to not require Covid-19 shots

External Email

To the Washington State Board of Health,

I am very thankful that the Technical Advisory Group voted to not require covid shots for daycare and children in K-12 schools. I am now asking you to please follow their advice. These are experimental injections and children are the least affected by Covid. We should not be experimenting on children.

Thank you,

Marilyn Roggenkamp

373 NE Oak St.

Camas, Wa. 98607

From: Dianna Lettau
Sent: 3/3/2022 9:21:15 PM
To: DOH WSBOH
Cc:
Subject: K-12 Vaccine

External Email

Dear BOH.

I strongly encourage BOH to consider TAGs recommendation to not require children K-12 to be vaccinated against Covid-19. Sufficient testing has not been done on this age group. I am sickened to know that my friend's healthy son, who is a junior in high school, collapsed and was unconscious for two minutes because he had a heart attack. And although he survived, he now deals with ill health and an internal defibrillator. His doctor said it was due to the Covid-19 vaccine. Adequate testing new products takes time. I urge BOH to wait! Wait to see the test results. Please do not require K-12 kids to be vaccinated against Covid-19.

Sincerely,
Dianna Lettau

Sent from my iPhone

From: Elizabeth Agren
Sent: 3/4/2022 7:23:48 AM
To: DOH WSBOH
Cc:
Subject: CV-19

External Email

Do not do this to our children. The Cv-19 is a scam and you would be harming these children, with no way to help them. Please do not pass this. Adults don't even need this vaccine; people are being misled and harmed. Please wake up to this horrible nightmare!

Sincerely, Jane Agren

From: Pamela Kay
Sent: 3/3/2022 8:36:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Memberships from March EH Committee Special Meeting

External Email

I am completely against any COVID vaccine mandates for children and can't believe they are even being considered. Mandates would be pointless

1) Most of the population now has already had COVID so has natural immunity. Even Bill Gates has said Omicron was basically a "vaccine" that did a better job than the actual vaccine.

2) The benefits of vaccines would be zero, but we would have 100% of vaccine risks.

3) children are at a VERY low risk from COVID.

4) There is NO LONG TERM SAFETY DATA on vaccines. To risk children with no benefit is child abuse.

There's really no reason for a mandate besides virtue signaling. I would actively campaign against a school board or Health Department that placed a vaccine mandate on our children as being completely out of touch with the latest science and trying to take power away from parents.

Everyone just wants to be done with all the COVID rules. Focus on helping kids make up for years of lost education.

Pamela Kay

Sent from my iPhone

From: Lana Simmons
Sent: 3/3/2022 5:26:30 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 shots for children

External Email

Please Ratify Tag's recommendation the covid shots for children not be recommended or mandated.

Covid rarely affects children and this vaccine has had too many harmful effects.

Thank You,
Lana Simmons

From: Jamie Southworth
Sent: 3/2/2022 8:19:09 PM
To: DOH WSBOH
Cc:
Subject: Mandating Vaccines in Children

External Email

To whom it may concern,

I would hope that you continue to listen to parents on the choice to whether vaccinate our children or not. The risks for this age group is so incredibly low. We will pull our child from public school if you choose to mandate these ineffective shots. The side effects are awful and the long term effects have not been explored enough.

Parents are pulling kids out of public schools and homeschooling because they are waking up to the ways schools are failing their children. The past two years have been traumatic enough. Don't do this to our kids.

Sincerely,
Jamie Southworth

From: Liz Rondeau
Sent: 3/3/2022 7:23:09 PM
To: DOH WSBOH
Cc:
Subject: March 9th Meeting - Vote against COVID-19 vaccines for K-12 kids

External Email

To: Washington State Board of Health

I strongly urge you to follow the TAG recommendation that COVID-19 injections NOT be required for daycare and K-12 students in the State of Washington.

The scientific evidence is now crystal clear that our precious children are at much greater risk of physical harm from these Emergency Use Authorization COVID-19 "vaccinations" than being harmed by the coronavirus. We also know that these "vaccinations" don't actually offer immunization to the recipients. All the data show that children and young adults are at almost zero risk of dying of COVID-19, but that they're at much greater risk of myocarditis, pericarditis, neurological damage and death with these dangerous mRNA vaccines.

PLEASE, spare the children of Washington from this completely unnecessary vaccination. They should not have to undergo the risk of harm in order to receive their public or private education. You'll be sparing innumerable parents from heartache watching their children suffer from the life-long adverse events triggered by this vaccine pushed by public health bureaucrats and the pharmaceutical companies. As you know, the "FDA Approved" version of the vaccine, Corminaty, is not available in the United States. The only vaccines the people of the United States receive are under the EUA, so they're not even "FDA Approved." These are all shenanigans to protect the pharmaceutical companies from liability.

I don't see how you in good conscience can possibly vote to inflict this experimental vaccine on Washington's vulnerable children.

Sincerely,

Liz Rondeau
Camas, WA

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"Liberty is a constant battle between government; who would limit it, people; who would concede it, and patriots; who would defend it."

Samuel R. Young, Jr.

Liz Rondeau

Mobile: 360-904-8152

rondeau.liz@gmail.com <<mailto:rondeau.liz@gmail.com>>

From: esmegreg7785
Sent: 3/3/2022 5:16:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Getting vaccinated obviously does not The spread of covid19. Children have shown little to no risk of infection or disease. There is absolutely no way I will ever let my son receive this experimental vaccine. My entire family has had covid and the illness (if you can call it that) wasn't even worth mentioning.

Theses vaccines may have value for those people who are already compromised but for healthy children, the vaccine is the risk. Because of the partisan push to vaccinate everyone, we are guaranteed to not receive fair data on child illness from the CDC, as they have stated. We must assume children are safer than they admit.

Sent from my Verizon, Samsung Galaxy smartphone

From: Greg Lemke
Sent: 3/3/2022 8:16:14 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

There's more data coming out everyday saying how unsafe this is. You need to go by the science not by the political science this is gonna end up costing our kids severe health issues in the future you guys will be held accountable.

From: Donna Weir
Sent: 3/2/2022 8:08:26 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines for daycare and K - 12 students

External Email

I strongly encourage the Washington Board of Health to adopt the recommendation from the Technical Advisory Group NOT to recommend or require Covid-19 vaccines for daycare and K - 12 students. The science does not show that the benefit exceeds the risk for this age group which has effectively, a zero percent chance of serious adverse outcomes from contracting Covid-19. Since the science shows that the Covid-19 vaccine does not prevent contracting or transmitting the disease Covid-19, it is not useful for achieving herd immunity.

I therefore, again, strongly urge the Board of Health to refrain from recommending or requiring Covid-19 vaccines for children in daycare or K - 12.

Sincerely,

Donna Weir
Kirkland, WA

From: Lena McGinnis
Sent: 3/3/2022 7:41:08 PM
To: DOH WSBOH
Cc:
Subject: Vote on March 9 COVID-19 vaccine

External Email

Dear Members of the Board,

I am writing to urge you to ratify the TAG's recommendation against the vaccine mandate for the COVID-19 vaccine for preschool and K-12.

While I understand that some may feel that requiring children in these groups to be vaccinated for COVID-19 is a way of protecting and preventing the loss of children's lives, the science does not support this.

Pfizer's own study that they did with 2200 adolescents is a glaring indicator to "tap the brakes" on this. The results of said study which the CDC and ACIP acknowledged (for both age groups studied) said: "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 and 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".

<http://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm>

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and <http://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm>

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I There was "no data available to assess...prevention of...Multisystem Inflammatory Syndrome." Pfizer's own study (a randomized control trial) shows a decrease in positive cases (great!) but also shows an increase in illnesses and deaths compared to the placebo group. What is the benefit in reducing cases (maybe a few) if it means an increase in other illness, hospitalizations and deaths? Particularly alarming was the almost 2x increase in cardiovascular events. This can be reviewed 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". In short, those vaccinated experienced worse health outcomes than did the placebo recipients.

There have been NO co-administration safety studies done. This makes it even more alarming that the CDC and WA State DOH say that it is ok to co-administer the COVID-19 inoculation with other scheduled vaccines. We don't actually know that it is ok.

<http://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%2Fchild-adolescent.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C243ad165afe343ec0c3908d9fd90c789%7C>

I am asking you to re-look at this.

As you know, far as immunogenicity goes, 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. While some studies do show that a few weeks or months of protection may be afforded, it is short-lived protection, is not as robust or long lasting as natural immunity, and the protection afforded appears to be decreasing with

each 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 Numerous physicians and other pre-print studies, even the CDC, are finding that cases are occurring in fully vaccinated people.

On December 31, 2021, Dr. 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 or something like that, so it's overcounting the number of children who are...hospitalized with COVID as opposed to because of COVID." MSNBC interview,

<https://twitter.com/TheEliKlein/status/1476917049435856925>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FTheEliKlein%2Fsta>

Number of cases are a function of testing. Counting patients hospitalized for one thing (like a fracture) as a COVID case because they tested positive (though not presenting with symptoms) leads to inflated numbers. Additionally, a fault of the COVID-19 tests is that it cannot discern the difference between live and dead virus, or COVID-19 from influenza which may be inflating the numbers of children who have been diagnosed with COVID-19 even more.

I implore you to ratify the TAG's recommendation. It is FAR too early to be eagerly rushing into making this a requirement for children.

I thank you for taking the time to read this.

Best Regards,

Lena McGinnis (BSN, WMEP retired RN 18 years experience)

From: Haag, Hannah R (SBOH)
Sent: 2/14/2022 8:03:54 AM
To: DOH WSBOH
Cc:
Subject: FW: 2nd amendment

From: Mark Peachey <m.peachey68@yahoo.com>
Sent: Friday, February 11, 2022 3:55 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: 2nd amendment

External Email

I hear the sneaky gov weasels are attempting to make outlaws of law abiding citizens. Have you noticed there have been no gun violence in Canada or at any protest done by conservatives??? Have you noticed that only Democrat led initiatives get BLM/Antifa backing? Are you a true American or a Lamb who cares only for your paycheck that ironically is paid for by We the People? Please stand on the side of righteousness and vote properly for Americans to keep their guns and magazines and stop playing into the Dem lies. All of Washington State is watching what you do

Mark Peachey

From: Margie Minshull
Sent: 3/3/2022 10:30:02 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccines for kids

External Email

Please ratify the TAG's recommendation against the Covid-19 vaccine for children. This vaccine is unsafe and unproven for children. They are not at risk for Covid but more at risk for adverse reactions such as myo/pericarditis and other cardiovascular events. According to VAERS there have been over 500 reported cases of life threatening events, permanent disability or death in vaccinated children. A New York State database covering 365,000 vaccinated children ages 5-11 shows six weeks after becoming "fully vaccinated " kids under 12 are 40 percent MORE likely to be infected with Covid than those who never received mRNA shots.
Thank you for your time.

Margie Minshull

From: damon ernst
Sent: 3/3/2022 6:42:04 AM
To: DOH WSBOH
Cc:
Subject: TAG recommendations

External Email

Hello,

I am writing this email to exhort you to follow the TAG recommendations to not require COVID 19 shots for daycare and K-12. The studies clearly show that these shots are not necessary for this demographic. The science also clearly shows that for the best immunity opportunity we need the innate immunity in this demographic to help all demographics. The aftermath of death and injury from these vaccines is horrendous. Myocarditis is 25 x what the non vaccinated is in boys and young adults.

Keeping it brief; volumes of information is available that clearly provides that a decision to force these vaccines would be criminal; yes criminal.

Sincerely,

Damon J Ernst

From: Dave and Sylvia Miller
Sent: 3/3/2022 4:29:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do NOT add the Covid vaccine to the required vaccinations for school children. I feel strongly that this is not necessary and might cause complications in young children. Please keep our children safe.

Sincerely,

Sylvia Miller

Mead, 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: theresalane@comcast.net
Sent: 3/4/2022 12:00:36 PM
To: DOH WSBOH
Cc:
Subject: CHD Says Pfizer and FDA Dropped Data Bombshell on COVID Vaccine Consumers

External Email

Dear Mr. Pendergrass and WA BOH,

Do NOT mandate Covid shots for Children!!

Children's Health Defense

Thu, March 3, 2022, 12:54 PM·4 min read

Clinical trial data contradicts 'safe and effective' government/industry mantra

Washington, DC, March 03, 2022 (GLOBE NEWSWIRE) -- In a 55,000-page set of documents released on Tuesday, the U.S. Food and Drug Administration's (FDA's) Center for Biologics Evaluation and Research (CBER) is for the first time allowing the public to access data Pfizer submitted to FDA from its clinical trials in support of a COVID-19 vaccine license. This follows U.S. District Judge Mark T. Pittman's decision

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrac>
on January 6 to deny the request from the FDA to suppress the data for the next 75
years which the agency claimed was necessary, in part, because of its "limited resources
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."

A 38-page report included in the documents features an Appendix, "LIST OF ADVERSE EVENTS OF SPECIAL INTEREST," that lists 1,291 different adverse events

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following vaccination. The list includes acute kidney injury, acute flaccid myelitis, anti-
sperm antibody positive, brain stem embolism, brain stem thrombosis, cardiac arrest,
cardiac failure, cardiac ventricular thrombosis, cardiogenic shock, central nervous system
vasculitis, death neonatal, deep vein thrombosis, encephalitis brain stem, encephalitis
hemorrhagic, frontal lobe epilepsy, foaming at mouth, epileptic psychosis, facial
paralysis, fetal distress syndrome, gastrointestinal amyloidosis, generalized tonic-clonic
seizure, Hashimoto's encephalopathy, hepatic vascular thrombosis, herpes zoster
reactivation, immune-mediated hepatitis, interstitial lung disease, jugular vein embolism,
juvenile myoclonic epilepsy, liver injury, low birth weight, multisystem inflammatory
syndrome in children, myocarditis, neonatal seizure, pancreatitis, pneumonia, stillbirth,
tachycardia, temporal lobe epilepsy, testicular autoimmunity, thrombotic cerebral
infarction, Type 1 diabetes mellitus, venous thrombosis neonatal, and vertebral artery
thrombosis among 1,246 other medical conditions following vaccination.

"This is a bombshell," said Children's Health Defense (CHD) president and general counsel Mary Holland. "At least now we know why the FDA and Pfizer wanted to keep this data under wraps for 75 years. These findings should put an immediate end to the Pfizer COVID vaccines. The potential for serious harm is very clear, and those injured by the vaccines are prohibited from suing Pfizer for damages."

The U.S. government has already purchased 50 million doses

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8lmDSeEfPS8aHkRc1syPgcFO&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C4fb86590c3a4484208f508d
of the Pfizer vaccine intended for children under five years of age to be delivered by April
30, 2022 although the FDA has yet to grant an Emergency Use Authorization (EUA) for
this age group. The risk of serious injury or death

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from COVID to healthy children is practically nil

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and so far, the vaccine is not effective
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack%2FAHmW7RJ4xLXpa_6LCbjBo9JISLU6uG10DDJNCM3WD93-YA3NxPdNir2xjpHhNPe-LUAREvWSNKkdDDrZTBaTMsOSIfxgMyQM37O0w%3D%3D&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C
when used in young children.

According to The Guardian

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack6dfhCNJHYXFQs5gb5gktdE5OMhLXuYsK1uYGBSXXFFHy8rhrGmIxQ%3D&data=04%7C01%7Cwsboh%40sboh>, "Pfizer made nearly \$37bn (£27bn) in sales from its Covid-19 vaccine last year -

making it one of the most lucrative products in history – and has forecast another bumper year in 2022, with a big boost coming from its Covid-19 pill Paxlovid.” President Biden advertised Paxlovid in his State of the Union address on Tuesday, the same day the Pfizer data was released to the public. “We’re launching the ‘Test to Treat’ initiative so people can get tested at a pharmacy, and if they’re positive, receive antiviral pills on the spot at no cost,” Biden said during his speech

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack%2Fclick.aspx?id=6789&cid=1234567890>

2I4gVUIJznxf0fROWfJpBbKrHuPrChdvCxxfZWfWf10VdT0ozkHqXdpHHPzrxXNldOrSkZTRX5nsbCvwBLUoNsr2RtyyLnFSNpieS9xjKJwCK&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C4fb86590c3a4484208f508d9fe1

From mid-December, 2020 through February 18, 2022, the U.S. government's database, the Vaccine Adverse Events Reporting System (VAERS), has received 1,134,984 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack%2Fclick.aspx?id=6789&cid=1234567890&tid=9876543210&cid=1234567890>

KfJSYDVuJuHPGv2-lc5KLSFQJtcQzsV6haC05h_Zijw5D70bGRGtSr8O46Zqluiw0T9iBqO-s0zogglMLMvPNhMqrNffzXIV153keeuefjRUi6sjarbbEMJD6I36JA%3D%3D&data=04%7C01%7Cwsboh%40sbo

of adverse events, including 24,402 deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack%2FeyJyITDPWFUc2s60bzDHICQjnshvGWCHRBZ6T1It->

oAd71tEo7ycdklC48nXNVnRipHTcvYg_fv7gcjp3q7R-

p9uTRuAJPwWAq0oEq9scW_WBSfWAKdYyRxba_kPzJ-

HKhy2v7BWFZsozTDHoVOAkBngwTN76zRcZ98nTZSIn4pXkhtegA%3D%3D&data=04%7C01%7Cwsboh%40

, following COVID vaccination. Additionally, there have been 4,021 cases

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracMw_Ka6XZrgzVBbK6vWXaWVT2I11rG8erVcq0u_RwB78De28IyaLHHvnWE-yp38nWxLt8B78-f4N-m_-9Kfl9CygC1oqM-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracMw_Ka6XZrgzVBbK6vWXaWVT2I11rG8erVcq0u_RwB78De28IyaLHHvnWE-yp38nWxLt8B78-f4N-m_-9Kfl9CygC1oqM-ewcwSnrqquVDskC_e3S8MmXaNpCwqRN4IDNKx1VX8UIng%3D%3D&data=04%7C01%7Cwsboh%40sboh.)

of myocarditis and pericarditis in the U.S. with 2,475 cases

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracKYnOfktqyfQ6KoOzd2m3B34Nx_ejHnwxCOinbKzYQ4RKYmC0-6mnT1IeLkd4AKS1RwQALM0vibSK4rMh5rDrIk1ZIT25j5kqrVFAJ_YJpntkt0oMbrPtDjBUvTnvGCclHfXKTZ43ae

associated with Pfizer, 1,364 cases

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracaKnXGMWrs_xff08DN7kH7Y3fnWsBF7ozC3ldTTBQo-iT-DSP6ISsH-1vG0Dqi2-3Gs_hq1uomy1Q3d2D6TgIjSeFwGA7E2FH9Az9Kpom25kXsa11TzRCgHdOImTXdiV1V4rhB23W1Y67YihAQYH

ThC8ccATNmVnH-AW7J6yJv7lLcTFgKIhh1Hfv4ZCwqfb-H0SJ2e3IANeelSASMqz7n7Ou2SOwBDZTqo5TUX6Z9PKVRxfvPOP4KvAAL6Lu5aBLgY%3D&data=04%7C01%

with Moderna and 171 cases

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracgsJriZ3uwc9KVrTOBU-2kLMYy7axIuO6sU_2aJXJx_maCSEuqvnd49fKa12hE1LsxRgnHu-krU3vF4cuDEsJy6LXMvbGQsBTTSa0Y6oZ_ySAGU4fTDj79a--LZdG436IKpaQkUQuQELIMUO4GOkKTxC1xWXM7q4FvmCavIB-Aj0Mg9ivOLENvd_f34rNXL57R86GPxOyaLICzWPkRZCt7mAg-XCVym75XsL5Bgvx98C6k%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4fb86590c3a4484208f50

with J&J's COVID vaccine. These include 643 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracofpVOZ9Tbix4X6fZSXPVDCnngf99Dknaq2xP6zRvMDuDH0D5oV8mgRaetvNv2gzi-j6b3FCoG5TNaSQdIL2cTa4BeWKw1tpc7yxH949STh0z1nqQfK6NA7dDhsZitYLwtRBwc3NRmu2qo0uKRnA49eX-gU2zcSlqhj0nEqUrxif8NsSvEpUlwWYA1UVKtmVK37aZMa4q6cunI-PQnmNay0cgSREBqC0zB1L6u58e0XTJOicCK1WMtAj0VnoC4S1dEZeA%3D%3D&data=04%7C01%7Cwsboh>

of myocarditis and pericarditis in children aged 12 to 17.

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

"It would be criminal to expose infants and young children to this extremely risky product," said Holland. "VAERS data show the catastrophic health impacts the vaccine is having on millions of people, yet Pfizer and other vaccine makers are raking in billions of dollars with no fear of being held accountable for injuries and deaths from their vaccines."

The FDA's attempt to suppress these data in support of the pharmaceutical industry's bottom line isn't a new phenomenon

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

in this country's public health system. For more information on pharmaceutical corruption and the tight relationship the industry has with government regulatory agencies, read

The Real Anthony Fauci:
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracQ5EowFHIzthvWWnyUXCztXR-jGrfILL0sLStKUbXrpnoUHvCwJNb-zkadFERdvGA9wMty6UrtYp5mnXikWw5pp_TXE6grnGLttAPo4RBeG1NU2bE-FGEu-fXeW3TQTicTzMVn57-LFgyx7XKd_z-0iUblgL-uBvXzQpOw-bWrsC69plmKCh4mg3NcFZMqeoia8oUsxkJdC2r_V&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4fb865

Bill Gates, Big Pharma and the Global War on Democracy and Public Health by CHD Chair

and lead counsel Robert F. Kennedy, Jr.

From: Joel and June Bergsagel
Sent: 3/3/2022 10:19:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

I urge you to accept the TAGs recommendation and choose to NOT mandate covid vaccines on our children. Our state government should NOT be mandating Covid vaccines on our children. They are at extremely low risk for Covid and these medical decisions should be left in the hands of parents and their family doctors.

Sincerely,

The Citizens of Washington State

From: Curtis Earl
Sent: 3/2/2022 10:05:15 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccination for Daycare & K-12

External Email

Hello,

I wanted to express my support for the BOH Technical Advisory Group (TAG) voting NOT to recommend a COVID-19 vaccination requirement for daycares and K-12. I urge the BOH to ratify this recommendation.

To expound on this, it's become clear that the disease is an infinitesimally small risk to children, either similar to or less than influenza depending on age group. Even published CDC data indicates this, and that's despite blatant and willful manipulation, obfuscation, or withholding of data.

Furthermore, these vaccines do NOT have long term safety and efficacy information, despite legacy media indicating so and vilifying anyone who doesn't fall in line in agreement. It's not difficult to understand that these act in a completely different manner than traditional vaccines, and it's naive to think there is a zero percent chance of long term safety issues.

Do we know for certain that there isn't temporary or permanent reduction in B-cell or CD4/CD8 T-cell counts? That there's no increased risk of D Dimer counts being elevated? That there's no increased risk of troponin levels being elevated? That there's no risk of original antigenic sin? That there's no increased risk of chronic disease, autoimmune conditions, cancer, blood clotting, heart attacks, or neurological conditions? That it's impossible for antibody dependent enhancement (ADE) to come up in the future?

Rational caution is not anti-science. Look how many products get removed after years of data start indicating safety signals or lack of efficacy. Yet, despite all of these questions, they still decided to unblind all placebo groups for the COVID-19 trials.

Note, these vaccines are still under emergency use authorization (EUA). The FDA-approved version of these vaccines are NOT available anywhere in the United States. It's striking that it's been over 6 months since BLA approval through FDA (for Pfizer), but the product is still unavailable. It's also striking that Pfizer requested 75 years to release the exact information they submitted to the FDA for their product's approval. Taxpayers funded the majority of this research (and the actual doses of vaccines) while Pfizer brought in record profits. The public has every right to know what data and information was used for the FDA to approve the product.

Considering all the above information, why will no one take liability for these products if they are so safe? Not a single company, doctor, or entity pushing these vaccines take any responsibility.

Lastly, there still is no acknowledgement of natural immunity in any discussions related to COVID-19 and public health. This is egregiously anti-science, as there are well over

100 studies indicating its robustness. Why would this be ignored for the large percentage of children (or general population) that have this?

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-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-to-covid-19-documented-linked-and-quoted%2F&data=04%7C01%7CW5BOH%40sboh.wa.gov%7Cea37c1e5c0bf4cfe18c208d9fcdbc08a%7C11>

I appreciate your time and consideration on these matters.

Curtis Earl

From: john_bris@yahoo.com
Sent: 3/3/2022 6:15:56 PM
To: DOH WSOH
Cc:
Subject: Fw: Vax Requirement for Schools

External Email

I am writing to urge you to follow the TAG recommendation Not to recommend Covid 19 shots be required for for daycare and K-12 students in Washington.

The Vaccines do NOT stop transmission in any way. The often stated function of protecting other students or faculty is false. The vaccines will not protect anyone except the person taking them. This has been stated by the CDC Director herself:

CDC Director: Covid vaccines can't prevent transmission anymore
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0>>

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

CDC Director: Covid vaccines can't prevent transmission anymore

CDC Director Rochelle Walensky said in an interview on CNN that Covid-19 vaccines are no longer effective at pre...

So right there we have reduced the argument for vaccines for school students by half!!

Secondly, a number of medical experts, scientists and published studies have warned the covid

shots can reprogram your immune system to respond in a dysfunctional manner. A study posted on the preprint server medRxiv, May 6, 2021, found the Pzer/BioNTech COVID jab "reprograms both adaptive and innate immune responses," causing immune depletion.

While the jab “induced effective humoral and cellular immunity against several SARS-CoV-2 variants,” the shot “also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and nonspecific (viral, fungal and bacterial) stimuli.”

People who were “fully vaccinated,” having received two doses of the Pfizer shot, also produced significantly less interferon upon stimulation, which hampers vitally important innate immune responses.

In other words, we’re looking at a horrible tradeoff. You may get some protection against SARS-CoV-2 and its variants, but you’re weakening your overall immune function, which opens the door wide to all sorts of other health problems, from bacterial, fungal and viral infections to cancer and autoimmunity.

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses

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

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

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive an...

The mRNA-based BNT162b2 vaccine from Pfizer/BioNTech was the first registered COVID-19 vaccine and has been show...

Is it wise to jeopardize children's immune function since they have a .003% fatality rate from covid 19? I don't think so, and many doctors and medical experts agree including the inventor of the mRNA vaccine:

mRNA inventor says young adults shouldn't have to get COVID vaccine

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0)

[AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0)

[AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C49f9bd2c9240452b7d8f08d9fd84e9a1%7C11d0)

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

mRNA inventor says young adults shouldn't have to get COVID vaccine

Dr. Robert Malone, inventor of mRNA technology that's used in the COVID vaccine, told Fox's Tucker Carlson that ...

Combine the threat to children's immune system and the evidence of deaths and injuries from the Covid 19 Vaccines and you have a very strong argument against mandating vaccines for school aged children.

The VAERS database shows over 23,000 deaths and 38,000 disabilities, 25,000 life threatening events, 121,000 hospitalized and 116,000 emergency room visits as of Jan. 7th, 2022, so these numbers will be even higher today!!

If parents want their children to get the vaccines, and take the associated risks, then that's their prerogative. But to mandate the rushed vaccines that have more deaths and injuries than all other vaccines in recorded history combined is illegal and immoral!!!

IF you do pass this mandate, there must be an exemptions for medical, philosophical and religious reasons.

I have personally heard from many parents that they will move out of Washington if you pass this unwarranted mandate, so I hope you do not vote to have the covid 19 vaccines on the school vaccine list!!

Sincerely
John Bristol
Puyallup, WA

From: Rene Munday
Sent: 3/4/2022 10:19:14 AM
To: DOH WSBOH
Cc:
Subject: Vote on COVID Shot for schools during March 9 meeting

External Email

Please uphold the TAG's recommendation to not require COVID shots for schools and daycares in the following years. COVID restrictions and vaccine requirements have been removed most everywhere else in the US. If you add this shot to the existing schedule, it will not result in the vaccination of more children, it will only result in the decline of enrollment in public schools with new unofficial coops and more children being homeschooled. This will crush the public school system financially.

Thank you for considering my comments

Rene Munday, MS, CN

From: Caitlin Johnson
Sent: 3/3/2022 9:00:50 PM
To: DOH WSBOH
Cc:
Subject: Public Testimony regarding COVID Vaccine



attachments\B26F664BCE554B51_image0.jpeg

External Email

Dear WA State Board of Health,

Please find my attached hand written testimony regarding COVID Vaccine Mandates in Schools.

Warm regards,
Catt Johnson
(253) 303-2604

From: Testify Online Survey
Sent: 3/4/2022 10:18:19 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

May 4, 2022

2.

Agenda Item or Issue:

246-105-WAC

3.

Your Name:

Ari McDonald

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14501 33rd Drive SE. Mill Creek, WA 98012

7.

Email:

achristine77@aol.com

8.

Phone Number (Include Area Code):

3604779196

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

Vaccinations do not stop transmission. The latest stat for 5-12 age range is the vaccine is 12 percent effective. After some months there is actually a negative effect. There is no benefit to this low risk population. So the risk of myocarditis, stroke, blood clot etc. makes no sense.

From: Darleen Christopher
Sent: 3/4/2022 9:35:47 AM
To: DOH WSBOH,Seattle Public Schools
Cc:
Subject: Photo from Twitter



attachments\AA1025606D70460B_Image-1.png

External Email

Sent from my iPhone

From: Jeff Chapman
Sent: 3/1/2022 11:19:02 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

After giving due consideration over the years since the process of redrafting the Keeping of Animals rule (WAC 246-203-130), I remain concerned with the latest draft. I do agree it has been much improved from the original draft, but it still puts the burden on enforcement of manure management on local officials and nothing about the education of horse owners through the use of programs provided by Conservation Districts and public programs such as Alayne Blicke's Horses for Clean Water (a ½ day seminar on Manure Management just given on Sat 3/5). Local officials, both health officers and law enforcement, have far better things to do in these trying times than to be out policing piles of digested and waste hay to make sure they have composted sufficiently and aren't bothering anyone. The fact is any pile of horse manure which has sat a year is at that point compost anyway, just like lawn clippings. As a government official who is responsible for funding government operations, I also have better things to do than to fund government agencies to police horse owners for manure disposal in order to comply with unnecessary rules. This is certainly an unfunded mandate. Proper manure handling should be left to husbandry educational programs.

I am indeed a horse owner myself.

Thank you,

Jeff Chapman, Assessor

Jefferson County

doesn't make sense. It is unethical and goes completely against parent's wishes. If a parent wants to choose to vaccinate their child so be it, but forcing parents to (which is essentially what this would do) vaccinate is morally and ethically wrong.

In conclusion,

The Covid 19 vaccine for school aged children should not be mandated. It should remain a parental choice. In these "efforts to save" our children I believe you would be putting them in more emotional and psychological harm by mandating this vaccine for school attendance.. With respect, I urge you to ratify the TAG's recommendation against the covid 19 mandate for school aged children.

Thank you for your time
sincerely,
Alise

From: Daniel Smallwood
Sent: 3/4/2022 12:00:27 PM
To: DOH WSBOH
Cc:
Subject: Covid Innoculation for school children

External Email

To the Board of Health President and Directors.

I would like to let you know that I truly oppose this idea of requiring children to take these vaccines. First of all I am not opposed to vaccines, my children were all vaccinated. This vaccine is still unproven and was designed for the original variant and had mixed results for it and the Delta variant. You are probably aware it had very poor effectiveness on the Omicrom variant. Records already show that almost 60% of kids have already had Covid and have a strong natural immunity. In addition the NY times printed an article showing the CDC withheld data and Now the Pfizer information is coming out showing all of the side effects. This vaccine is just not ready and the risk benefit analysis is clear that we should not be forcing school children to take a vaccine that has not gone under enough long term studies. The TAG group even voted to not suggest it and they leaned to pushing this at the start. I have no doubt you have been provided links to these studies. If you want links I would be happy to provide them in a response.

Please Vote no on this.

Sincerely
Daniel Smallwood
Port Orchard WA

From: Glenn Fernandes
Sent: 3/4/2022 9:13:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Sent from my iPad

From: Davis, Michelle (SBOH)
Sent: 3/4/2022 9:01:42 AM
To: DOH WSBOH
Cc:
Subject: FW: Parent's decision on the COVID-19 vaccine

For public comment

From: Laura Devos <laura44@gmail.com <mailto:laura44@gmail.com> >
Sent: Thursday, March 3, 2022 11:05 PM
To: slevy@kingcounty.gov <mailto:slevy@kingcounty.gov> ; Keith Grellner
<Keith.Grellner@kitsappublichealth.org <mailto:Keith.Grellner@kitsappublichealth.org>
> ; vickig@co.adams.wa.us <mailto:vickig@co.adams.wa.us> ; bwoodbury@ac-hd.org
<mailto:bwoodbury@ac-hd.org> ; BoardOfHealth@bfhd.wa.gov
<mailto:BoardOfHealth@bfhd.wa.gov> ; Janet.Perez@cdhd.wa.gov
<mailto:Janet.Perez@cdhd.wa.gov> ; cthompson@co.clallam.wa.us
<mailto:cthompson@co.clallam.wa.us> ; Doreen.Gunderson@clark.wa.gov
<mailto:Doreen.Gunderson@clark.wa.gov> ; Virginia_Schmidt@co.columbia.wa.us
<mailto:Virginia_Schmidt@co.columbia.wa.us> ; ostreimt@co.cowlitz.wa.us
<mailto:ostreimt@co.cowlitz.wa.us> ; ddeal@co.garfield.wa.us
<mailto:ddeal@co.garfield.wa.us>
Subject: Parent's decision on the COVID-19 vaccine

You don't often get email from laura44@gmail.com <mailto:laura44@gmail.com>
. Learn why this is important <<http://aka.ms/LearnAboutSenderIdentification>>

[CAUTION]: This email originated from outside Kitsap Public Health District. Do not click links or open attachments unless you are expecting this email. If you are unsure please contact IT.

Dear BoH Official,

I hope this email finds you well.

I am writing to express my deepest concern with the possible requirement that our small children, with their naturally strong immune systems, be obliged to take the (still new) covid 19 vaccine to attend school. Parents should be empowered to make decisions on their children's health.

I am requesting for the BOH to please accept the TAG vote from the meeting on February 24th

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fnews%2Ffeb-24-tag-meeting-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fnews%2Ffeb-24-tag-meeting-recap&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C415da059fa564f2b3c4e08d9fe00a791%7C11d0)

[recap&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C415da059fa564f2b3c4e08d9fe00a791%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fnews%2Ffeb-24-tag-meeting-recap&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C415da059fa564f2b3c4e08d9fe00a791%7C11d0)

. TAG members voted to not recommend adding the COVID-19 vaccine to the state's list of required immunizations for school entry.

Thank you,

Laura Devos

From: Rose & Pedro
Sent: 3/2/2022 5:32:12 PM
To: DOH WSBOH
Subject: Fw: State Board Health Meeting for Feb 24, 2022

External Email

-----Forwarded Message-----

From: Rose & Pedro
Sent: Mar 2, 2022 5:28 PM
To:
Cc:
Subject: State Board Health Meeting for Feb 24, 2022

To Whom It May Concern:

I do not believe in Mandatory Vaccines for Anyone. Mandating that someone can invade my body with a vaccine against my will is Criminal, Rape, Abuse. There has never been INFORMED CONSENT FOR ANY VACCINE, and TRULY NONE FOR THE COVID-19 SHOT. THE COVID-19 IS NOT A VACCINE! IT IS A TRANSFECTION AGENT THAT CHANGES A PERSONS DNA! THEY BECOME TRANSHUMAN. THEY ARE THEN PATENTED AND BELONG TO THE SHOT MAKER, WHO THEN THINKS HE OWNS YOU AND CAN TRACK AND TRACE YOU LIKE AN ANIMAL. INVASION OF MY BODILY INTEGRITY-RAPE. WHATEVER HAPPENED TO MY BODY, MY CHOICE!

WHO ARE THESE PEOPLE, THEY TRULY MUST THINK THEY ARE GOD! TO COMMIT FRAUD AGAINST THOSE WHO ARE FORCED TO GET THE SHOT. ALL PROPAGANDA! PEOPLE ARE GOD'S CREATION, WHY DO THESE ELITE'S THINK THEY HAVE THE RIGHT TO LIE TO PEOPLE, TO ABUSE THEM. I CALL THESE CRIMINALS, THE DESTROYERS. IT SEEMS THAT THEY WILL BE THAT IN MORE WAYS THAN ONE, IF PEOPLE LET THEM. MY BODY WILL REMAIN THE CREATION THAT GOD CREATED.

IN 2011, THE UNITED STATES SUPREME COURT SAID, "VACCINES ARE UNAVOIDABLY UNSAFE."
ONCE INJECTED IT CANNOT BE UNDONE.

THE VACCINES THEMSELVES ARE THE PANDEMIC, CAUSING ALL OF THE DEATH, MAIMING, HEART PROBLEMS, NEUROLOGICAL PROBLEMS, LIMBS BEING AMPUTATED, INABILITY TO WORK AND CARE FOR ONESELF FOR THE REST OF YOUR LIFE, BANKRUPTCY-PEOPLE ARE LIABLE FOR THEIR HEALTH CARE EXPENSES IN MANY AREAS. IF YOU TOLD PEOPLE WHAT IS IN THESE SHOTS-NO ONE WOULD TAKE THEM. THEY EVEN HAVE HIV SPLICED INTO THEM AS WELL AS SEVERAL OTHER KILLER DISEASES. THIS IS NOTHING BUT GENOCIDE, EUGENICS.

PFIZER, MODERNA, J&J ALL WANT THE INGREDIENTS SEALED FOR 75 YEARS SO PEOPLE CAN'T UNDERSTAND WHAT THEY ARE DOING TO THEM. WHAT DOES THAT TELL YOU. PEOPLE WOULD TAR AND FEATHER THEM IF THEY KNEW. WHY DO YOU THINK THE POLITICIANS, MAYORS, GOVERNORS, YOU CAN'T GET TO THE ELITES-WHY DO YOU THINK YOU CAN'T EVER SEE THEM ANYMORE TO CONVERSE WITH THEM.

HOW ABOUT ALL OF THOSE WHO ARE GOING ALONG WITH THE DECEPTION, LIES, FRAUD- YOU FOLKS, DOCTORS, HOSPITALS, MEDICAL JOURNALS, SCIENTISTS- WITH THEIR VERSION OF STATISTICS, POLITICIANS- ALL THE WAY UP THE LINE TO THE PRESIDENT. EVERYONE OF YOU WILL ROT IN HELL.

NOW THAT WE HAVE DISCUSSED THE FRAUD OF COVID-19; LET'S TALK ABOUT THE

FRAUD, DECEPTION AND PROPAGANDA OF CHILDHOOD VACCINES! THEY ARE NO DIFFERENT THAN COVID-19 SHOTS. THEY HAVE OVER THE YEARS, SINCE 1986 WHEN THE CHILDHOOD VACCINE INJURY COMPENSATION DEPT. WAS CREATED GAVE BIG PHARMA COMPLETE LIABILITY PROTECTION FOR ANY HARM OR AILMENT THAT HAPPENED TO THESE CHILDREN. GOD GAVE PEOPLE PERFECT IMMUNE SYSTEMS, BETTER THAN ANYTHING BIG PHARMA COULD DO. AGAIN, THESE VACCINES DESTROY THEIR IMMUNE SYSTEMS DUE TO THE ADJUVANTS WITHIN THEM AND ARE THE CAUSE OF ALL OF THE AILMENTS OUR CHILDREN HAVE SUFFERED SINCE; DEATH, AUTISM, DIABETES, MANY AUTO-IMMUNE DISEASES, SEIZURES CAUSING BRAIN DAMAGE, POLIO LIKE SYNDROMES, OH, I COULD GO ON AND ON. THINK ABOUT THE PARALLEL BETWEEN THE TWO. ONLY, COVID-19- IT'S NOT THE VIRUS, BUT THE POISONS THAT THEY PUT IN THE TRANSFECTION AGENTS: GRAPHINE OXIDE, PEG, LUCIFERASE, mRNA, NANO TECHNOLOGY, THEY ARE PATENTED, AI, LIKE MODERNA SAYS THERE IS A SOFTWARE OPERATING SYSTEM WITHIN THEIRS. I COULD GO ON AND ON.

LET'S NOT FORGET THE PREP ACT, IT ALSO LETS BIG PHARMA OFF THE HOOK FOR ADULTS; IN BOTH CASES THE TAX PAYERS ARE FOOTING THE BILL. GUESS WHAT! BIG PHARMA AND TECH ARE MAKING TRILLIONS.

I WOULD LIKE TO TELL YOU ABOUT ONE OF MY HERO'S. DR. ANDREW MOULDEN FROM CANADA. HE WROTE A BOOK, " EVERY VACCINE PRODUCES HARM" IN 2013, eBook CAN BE FOUND ON INTERNET. HE WAS UNABLE TO GET IT PUBLISHED BEFORE HE WAS ASSASSINATED.

I'VE HEARD THESE VACCINE PUSHERS REFER TO OUR LOVED ONES WHO ARE DAMAGED OR KILLED AS "COLLATERAL DAMAGE" THEY REALLY DON'T CARE HOW MANY PEOPLE SUFFER OR DIE. TO THESE SOCIOPATHS AND PSYCOPATHS THAT'S ALL THEY ARE, COLLATERAL DAMAGE!

HOW DID THEY GET A EUA ON THESE VACCINES? THERE WERE MANY MEDICATIONS THAT WOULD HAVE WORKED ON COVID-19 LIKE IVERMECTIN, HYDROCHLORAQUINE, HI DOSE IV VITAMIN C, QUERCITIN AND ZINC AND OTHERS. THEY TOOK THINGS OFF THE MARKET THAT WE COULD BUY CHEAP. THEN THEY COULD SAY THERE WAS NOTHING THAT WOULD WORK TO HELP THESE PEOPLE EXCEPT BIG PHARMA'S EXPENSIVE DRUGS THAT ARE MUCH MORE TOXIC. ANOTHER GOOD EXAMPLE IS REMDESIVIR, THEY WERE FORCING THIS ON PATIENTS IN THE HOSPITAL WHEN PEOPLE ARE TOO SICK TO FIGHT THEM. THEY HAD TO STOP THE TRIALS ON THIS DRUG AS IT WAS KILLING 52% OF THEIR TRIALEES, BUT THEY GAVE IT IN THE HOSPITALS.

I HATE IT WHEN I HEAR THE COMMUNIST PHRASE, " FOR THE GREATER GOOD" THIS IS NOTHING BUT PROPAGANDA AND TO SOME A FEEL GOOD PHRASE, BUT THERE IS NOTHING GOOD ABOUT IT. EDWARD BERNAYS SAYS, "PROPAGANDA IS THE EXECUTIVE ARM OF THE INVISIBLE GOVERNMENT".

I HAVE NO TRUST AT ALL IN THE MEDICAL PROFESSION, HOSPITALS, CLINICS, BOARD OF HEALTH-STATE OR FEDERAL, GOVERNORS, POLITICIANS-IT SEEMS THAT EVERYONE IS CORRUPT.

IF YOU HAVE NEVER SEEN THE DOCUMENTARY ON THE WEB CALLED, "PLANET OF THE HUMANS" IT IS VERY TELLING.

ANOTHER HERO OF MINE IS A SCIENTIST FROM MID 1950'S BY THE NAME OF BERNICE EDDY. IF YOU WANT A WOMAN HERO, SHE IS A TRUE ONE.

WELL, I THINK YOU GET THE IDEA OF HOW I FEEL, AS WELL AS 99% OF THE POPULATION THAT HAS ANY BRAIN.

ROSEMARIE DORN

p.s. I HOPE YOU WILL LET EVERYONE READ THIS.

From: Glasoe, Stuart D (SBOH)
Sent: 2/28/2022 1:18:33 PM
To: DOH WSBOH
Cc:
Subject: FW: Proposed policies



attachments\C03C6A97D6A949EE_IMG_1101.jpg

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Me Zee <mzee636@gmail.com>
Sent: Thursday, February 24, 2022 10:24 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Proposed policies

External Email

On Fri, Jan 14, 2022 at 10:38 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

<https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-big-data-study-of-145-countries&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd14fa87bf2024146bc1508d9faffdfb5%7C11>>
big-data-study-of-145-countries&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd14fa87bf2024146bc1508d9faffdfb5%7C11

On Thu, Jan 6, 2022 at 5:55 AM Me Zee <mzee636@gmail.com
<mailto:mzee636@gmail.com> > wrote:

As a resident of Washington State I oppose these proposed policies!

Involuntary detainment, examination, testing, treatment, counseling and vaccination has already been determined to be illegal.

Just because additional language has been added to the WAC Codes does not mean that that language has been challenged in the courts and confirmed to be contrary to Washington State Constitution, United States Constitution and various international laws and treaties which is obviously the case!

These proposed policies MUST NOT be adopted and enacted!

Each and everyone of you bear the responsibility to protect these constitutions as well as the rights of the people of Washington State!

Thank you,

Michael Frazee

From: michal
Sent: 3/3/2022 8:55:07 PM
To: DOH WSBOH
Cc:
Subject: Comments on TAG recommendation regarding vaccine mandates for preschool and K-12

External Email

To the members of Washington State Board of Health and Governing body:

I was born in Washington; grew up in the state; was educated in the state; with my husband have raised three children in Washington; and have three grandchildren(out of 7 total), currently in the K-12 education system in Washington. We are very concerned about the validity and effectiveness of the current "mRNA vaccines". Nationwide, Insurance companies are refusing pay outs for life insurance policies if the "victim" has taken the coronavirus "vaccine and/or boosters", even going so far as to call any death, where these experimental drug therapy shots may have been taken, a "suicide". As more and more evidence comes in from all over the world, demonstrating the terrible long lasting side effects and deaths resulting from these shots/boosters, it is very hard to understand WHY anyone in our government, at all levels, has climbed on board so quickly to push them onto our people. I am very concerned that our Washington Board of Health is even considering making the taking of these mRNA spike protein, graphene oxide containing, shots, mandatory for our young people; especially considering the unnecessary need(due to the statistics which show that the chances of their age group dying from the virus is minuscule, compared to the chances of dying from complications from the shots themselves). Your TAG has come out against mandating these "experimental gene therapy shots+ boosters" and I am writing this email to strongly encourage you all, to follow your advisory's advice to NOT mandate these "vaccines" for any students within our state's education system.

Thank you for listening and hearing my voice which wants only the best for our state and our nation,
Michal Handy

Sent from ProtonMail Mobile

From: Josh
Sent: 3/3/2022 3:14:25 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vax requirement in Schools

External Email

Hello,

My wife is a public school teacher in Washington and we are opposed to requiring covid vaccine for school or daycare. The CDC recently admitted it new that the Pfizer covid vaccine (the only one approved for children) is only 10-15% effective before it approved it. That is well below all previous thresholds for vaccine approval. It's also not worth the potential documented and all too common side effects, as well as unknown long term side effects. For example a recent study showed that in the lab, human liver cells can reverse transcribe the mRNA vaccine into DNA thereby turning those cells and any replicated from them into permanent spike protein producers, which will lead to an exhausted and compromised immune system and autoimmune syndromes. Indeed these very autoimmune syndromes have started to show up in the vaccinated.

<https://thepulse.one/2022/03/03/new-study-concludes-mrna-in-pfizer-vaccine-can-be-reverse-transcribed-into-human-dna/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthepulse.one%2F2022%2F03%2Fnew-study-concludes-mrna-in-pfizer-vaccine-can-be-reverse-transcribed-into-human-dna%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc6c6891e40684782452908d9fd6b721a%7C11d0>>

If that weren't bad enough, the instance of long term side effects and death from the vaccine exceed those from covid itself in children under 18. They are almost never hospitalized and death is incredibly rare with covid in children. Further the vaccines weren't even designed for the current and future covid variants and the vaccinated can be an are carriers and still get sick. Indeed the majority of those hospitalized currently have been vaccinated. Whereas infection with actual covid produces long term wide spectrum immunity.

Finally the vaccines are only effective (on the no longer prevalent variants) for about 3 months. What is the point for requiring it so that they can have protection from past variants, for 3 months out of the year? None.

So the real question here is why would we require this, to protect adults from virus caring kids? My wife is a teacher, and she doesn't want them vaccinated. Also are we really willing to force a vaccine that has had more documented side effects and deaths than all other vaccine in history put together on our children to maybe kind of protect adults for 3 months? How incredibly selfish, and just plain wrong.

Please vote not to require any COVID vaccine in schools or daycares.

Kind regards,
Josh Stottlemeyer
Washington State Citizen

From: Bryan p
Sent: 3/2/2022 9:44:58 PM
To: DOH WSBOH
Cc:
Subject: Neither safe nor Effective

External Email

Dear BOH,

The Pfizer vaccine has been proven to be both unsafe and ineffective towards Covid-19. There are pages and pages of adverse reactions that can/do happen, irreparable harm to one's body and even death. The data is coming through to show that those that get the vaccine experience negative efficacy over time. I implore you to NOT approve this Covid inoculation for school attendance. I know as a parent I will likely remove/keep my 2 kids out of the public school system. This is something for parents to decide. Additionally, the inoculation isn't even fully FDA approved. Comirnaty is not available in the USA. NO to mandatory Covid shots.

Bryan Painter
A concerned parent.

Sent from my iPhone

From: Ron W Hardy
Sent: 3/4/2022 8:35:29 AM
To: DOH WSBOH
Cc:
Subject: Unacceptable Risks of Covid Vaccination for Children



attachments\B79FC03AF9A14AC1_9819B5CBE60C430480363E36BB9EE59B.jpg

External Email

Please see my hand written letter regarding the Unacceptable risks of Covid vaccinations for Children.

Cordially,

Ron Hardy

From: D GRIFFIN
Sent: 3/4/2022 9:58:24 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments



attachments\80B17193F57B401D_Screenshot_20220304-072225_Facebook.jpg

External Email

How on earth can you even consider making this mandatory to attend public school. You have NO IDEA what the future side effects will be for our children. Both of mine have had Covid twice and it was like slight hay fever or a minor cold. The flu is worse! Say NO to the vaccine!

Sent from my U.S.Cellular© Smartphone

Get Outlook for Android

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

From: Destiney Tompkins
Sent: 3/4/2022 9:20:49 AM
To:
Cc:
Subject: Use your conscience and stop pushing COVID 19 vaccines on children

External Email

Good morning,

There are too many reasons to list as to why you should abandon the idea of adding Covid-19 vaccines to required immunization list for school entry. The bottom line is that you already know all of these reasons and still insist on pushing forward anyway. There is a large movement of concerned citizens in Washington state watching your every move as it pertains to the these vaccines being forced on children for school. If you truly care about the safety of children, you would leave these decisions up to families. We will never back down.

Do you have kids, grandkids, or children in your life who are important to you? Are you willing to force mRNA vaccines on them, not knowing the short and long term side effects? If so, shame on you.

Please use your conscience.

Destiney Tompkins

From: marcie klatik
Sent: 3/3/2022 7:26:49 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern,

I do NOT believe that any children should be required to take this "Vaccine" as this is not a ONE SIZE FITS ALL. The Pfizer adverse reaction document was just released with over 8 pages of Adverse reactions I believe it is our responsibility to take all that into consideration. We should not be taking chances with the health of our children in our community. They deserve to be safe and protected and forcing this Shot to be able to attend school and get an education is just plain wrong and not safe. Protect our children!!!! Do not Vote for this to be required.

Thank you.
MK

From: Arlene Badzik
Sent: 3/4/2022 11:24:51 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

TO THE BOARD OF HEALTH WASHINGTON

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 CHILDREN TO ATTEND SCHOOL OR CHILDCARE

I RESPECTULLY URGE YOU TO RATIFY THE TAG'S RECOMMENDATION AGAINST A MANDATE FOR COVID SHOTS.

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. As we have seen, 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 the TAG 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 COMMITTEE feels pressured by the rest of the group to vote in favor of this shot for BABIES AND CHILDREN, 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???

I WILL BE WATCHING THE MEETING ON MARCH 9.

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: Testify Online Survey
Sent: 3/3/2022 9:43:06 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

2.

Agenda Item or Issue:

addition of covid shots to vaccine schedule for daycare, preschool and K-12

3.

Your Name:

wendy cossette

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4904 S Myrtle St

7.

Email:

wendy@cossetteid.com

8.

Phone Number (Include Area Code):

509-939-4045

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

addition of covid shots to vaccine schedule

11.

Are you Pro or Con on the proposal?

2. Con

The risk benefit analysis of adding this still experimental medication with no long term data and very poor safety and efficacy data is all down side for children as they have been and continue to be at such a low risk for negative outcomes against COVID19 virus. The shots are proving to provide an extremely small amount of protection for the 5-11 age group, and Pfizer is pausing the roll out for 6 month - 5 years for efficacy issues. This is not a medication that provides immunity or spread, it can only be stated that it provides some level of protection and only for a short period of time. At minimum this should be a decision left up to families, definitely not mandated for the privilege of attending daycare, preschool or K-12 government schools.

From: Vern Waldenberg
Sent: 3/4/2022 11:12:00 AM
To: DOH WSBOH
Cc:
Subject: Proposed Mandatory COVID's Vaccination of children

External Email

I'm contacting you today to ask that you vote "NO" on requiring Covid vaccination of any children before they can attend school of any kind. Please follow the recommendations of your T.A.G committee.

Thank You, Vernon J Waldenberg

Thank You, Vern Waldenberg

From: DOH Information
Sent: 3/4/2022 8:42:57 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for schools comment



attachments\0D40397D0E534192_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, March 3, 2022 7:34 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

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

I am NOT in support of covid injections being added to the list of required school vaccines. This does not have long-term evidence of safety, and you all know this is the truth. If require this, the injuries are on your hands.

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:

Malisa Harding-DeOchoa

Email:

fancypantz17@yahoo.com <mailto:fancypantz17@yahoo.com>

Telephone:

7078340555

5.

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

fancypantz17@yahoo.com <mailto:fancypantz17@yahoo.com>

From: carinapennington0@gmail.com
Sent: 3/1/2022 7:51:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I am writing a comment for item #9 on the March 9th meeting agenda, rule making petition for immunization criteria for schools. I am AGAINST this petition for a countless reasons. I will not have my children attend public school if a Covid shot is a requirement. Thank you.

Carina Russell

Sent from my iPhone

From: Kasiasmusic
Sent: 3/4/2022 10:35:29 AM
To: DOH WSBOH,Hisaw, Melanie (SBOH)
Cc:
Subject: COVID-19 for K-12

External Email

To Whom it May Concern,

I am writing with regard to the recent recommendation of the Technical Advisory Group to not recommend that COVID-19 shots be required for daycare and K-12 students in Washington state.

I want to urge you to follow the recommendations made by TAG and not require the shots for the children of Washington State. Based on the very low death risks for young children and the potential adverse reactions to this experimental shot (which is only approved for emergency use), I am opposed to having it required for children.

Thank you very much.

Sincerely,

Kasia Haroldsen

From: Robert Holte
Sent: 3/3/2022 1:20:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

I urge you to accept the TAGs recommendation and choose to NOT mandate covid vaccines on our children. Our state government should NOT be mandating Covid vaccines on our children. They are at extremely low risk for Covid and these medical decisions should be left in the hands of parents and their family doctors.

Sincerely,

The Citizens of Washington State

From: Melody Davis
Sent: 3/3/2022 9:17:23 PM
To: DOH WSBOH
Cc:
Subject: Against recommending covid - 19 vaccine requirement for daycares and schools

External Email

There is still too much unknown regarding the vaccines ability to reduce transmission and unintended effects to require children to receive the Covid vaccines.

From: Bill Shepard
Sent: 3/3/2022 6:07:11 PM
To: DOH WSBOH
Cc:
Subject: I urge you to ratify the TAG's recommendation against a mandate for Covid-19 -
VOTE NO

External Email

Members of the Washington State Board of Health

I am a 30+ year resident of the state of Washington. We have raised our three children here.

This email is to urge you to concur with the TAG's recommendation against a mandate for Covid-19 for children.

This is an experimental vaccine whose long-term effect has not yet been tested and is unknown, particularly on children.

I believe in and support Live, attenuated, Inactivated/Killed, Toxoid (inactivated toxin), and Subunit/conjugate vaccines that all have demonstrated long-term effect and safety. Messenger RNA vaccines that are supposed to "teach" our cells how to make proteins that will trigger an immune response are completely unproven.

If not for our children please consider your personal reputations.

To adopt a vaccine in the face of mounting evidence that this experimental vaccine has not proven safe would bring forward the question of whether you have been influenced by something other than sound medical judgment.

I urge you to ratify the TAG's recommendation against a mandate for Covid-19 - VOTE NO

Bill Shepard

From: Guadalupe Boscovich
Sent: 3/2/2022 9:38:54 PM
To: DOH WSBOH
Cc:
Subject: Meeting 3/9/22

External Email

To Whom it May Concern:

I am writing to request that you follow the TAG recommendation to NOT add the Covid vaccine to the K-12 schedule.

Given the possible risks of the vaccine, the fact it does not prevent illness or stop transmission , the vaccine should NOT be a requirement for school attendance. Many parents will choose to take their child out of the public school system before they give their child this vaccine. Please take this into consideration.

Thank you,
Guadalupe Boscovich

Sent from my iPhone

From: Jane P

Sent: 2/10/2022 11:36:33 AM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: Forcing experimental medical treatment is pure evil criminal move. We The People will go after each of you who supports it!!!

External Email

Forcing experimental medical treatment is pure evil criminal move. We The People will go after each of you who supports it!!!

From: Jackie Tee
Sent: 3/3/2022 4:54:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I would like to voice my support for the Board of Health's Technical Advisory Group vote last Thursday NOT to recommend adding the coronavirus vaccination to the list of immunizations that children must have in order to attend child care or school. This "vaccination" has not been approved by FDA. It has not been thoroughly tested, and the virus is not deadly to more than 99% of the children in this age group. Most adults that want to get vaccinated have done so. There is no proof that the so called "vaccination" prevents children from being exposed to the virus or prevents children from contracting the virus and passing it on to other people. We need to learn how to live with this virus as it mutates. The government needs to do more to discover therapeutics for the disease to help vulnerable people deal fight the virus as they are exposed to the variants.

Thank you for your consideration,

Jacqueline Tee

15411 E Griffith Rd

Fairfield, WA 99012

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: Mary Hauser
Sent: 3/3/2022 2:08:33 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for K-12



attachments\EFC9DF1851094BC3_3-1-2022 Peer review example
"Eff_PRDTOOL_NAMETOOLONG.pdf"

External Email

Hi There,

I respectfully urge you to ratify the TAG's recommendation against the mandate for kids. Main reason, the current vaccine only protects against a virus that is no longer in circulation. (the original virus). And has virtually no effect for omicron.

The other and more important reason is this vaccine does not have any info on long term effects and many instances of adverse reactions short term. I would hate for you to have been in the position of mandating these and finding out later that the long term effects are devastating to kids with no cure for side effects. There are many prominent Doctors that are strongly advising against this. I can cite many of them if you are interested. I urge you to read the attached paper.

Thank you!

Mary Hauser

From: Danielle Lankester
Sent: 3/3/2022 8:57:09 AM
To: DOH WSBOH
Cc:
Subject: Vote regarding COVID shot to school schedule

External Email

Good day,

I'm writing today to ask that you vote against adding the COVID shot to the school schedule.

There is recent news that the shot may be less effective than originally thought, especially for our youngest students.

There is also ample evidence that the vaccines do NOT prevent transmission.

There is not sufficient data regarding safety nor efficacy with the vaccines for this age group in particular.

Parents who want to vaccinate their children already have a means of which to do so. There is not evidence that getting the shot reduces transmission enough to make it reasonable to require for school admissions. Adding this shot to the schedule will very likely result in more families choosing to remove their children from the public school system, an issue that is already causing economic and social repercussions.

Thanks for your time in reading these thoughts.
Danielle Lankester

From: Michelle Van Diest
Sent: 3/4/2022 10:51:03 AM
To: DOH WSBOH
Cc:
Subject: Please no required jab

External Email

Dear Board of Health,

Thank you for your careful consideration of the question, "Should covid19 vaccines be required for school entry?" I have also carefully considered all the evidence, and I oppose adding covid19 shots to the school-entry requirements, for all ages.

If this shot is added to the school schedule, then my family, my extended family, my neighbors, and all of my church community are prepared to immediately withdraw from private and public schools and move to homeschooling for the 2022-2023 school year.

The shot has short-term waning immunity and is not effective in current or future real-world conditions. Parents would not give a 2015 flu shot to their children, and they will not accept a 2020 covid19 shot that is proving to be ineffective against 2022-2023 variants. Requiring multiple shots and annual boosters are unacceptable to the public. Furthermore, the experimental use authorization status for ages under 16 makes it unacceptable to the public.

Families that want to choose vaccination have already done so and may make this choice as a family decision, without a school mandate. If covid19 shots are required for school entry, it will likely result in fewer covid19 vaccinations and a massive rising tide of homeschooling families.

We must consider post-marketing, real-world data in the risk-benefit analysis of requiring covid-19 shots for school entry. A careful review of the TAG presentations (many of which were based mainly on Delta variant, 2020-2021 data, and adults-only studies) showed missing information. Information must be considered about children's unique immune systems, natural immunity, current and evolving variants, long-term safety studies, possible harms to fertility or reproduction, studies of vaccine reactogenicity in children already recovered from covid19, age-risk stratification, and 2022 extremely low risk of covid19 for school children, and high community and school rates of covid-recovered contributing to robust herd immunity. Parents are worried about the unknown risk on their children, grand-children, great-grandchildren, and the next seven generations.

The public outcry and outrage against adding this shot to the school schedule of immunizations is based on lack of trust in the BOH and DOH, the low risk of covid to children, the high risk of known and unknown adverse effects, long-lasting natural immunity, short-term waning immunity and lack of efficacy in current or future real-world conditions. World-wide, we are seeing that unvaccinated countries like Africa have the lowest rates of covid-19, and that the most vaccinated countries like Seychelles, Israel, and the UAE have sky-rocketing covid-19 rates. Parents are looking at this data and worrying that the shots increase, not decrease, the risk of covid19 transmission.

Parents are considering the March 1, 2022, release of post-marketing data from Pfizer. Here we see a 3% risk of fatality after vaccination, (n=1223) and a 27% risk of having adverse events without full recovery (n=11361) out of 42,086 cases. When you apply a risk /benefit analysis, with a nearly 100% recovery rate from covid19, then outcome shows that the risks of covid19 shots are unacceptable for mass inoculation of children.

See screenshot, below.

The known and unknown risk of this novel injectable therapy are unacceptably high, and the benefits to children are nil. Therefore, this shot does not meet the nine criteria for adding a vaccine to the school schedule for any age child under 18. Importantly, it is not acceptable to the public and will result in further school enrollment attrition.

I look forward to listening to the Board's comments on March 9 on this issue. I urge you to vote NO covid19 shots be required, for all ages, for school entry.

Respectfully,
Michelle Van Diest

Sent from my iPhone

From: Darleen Christopher
Sent: 3/4/2022 9:35:18 AM
To: DOH WSBOH,Seattle Public Schools
Cc:
Subject: Photo from Twitter



attachments\5F754E88366F4BE8_Image-1.png

External Email

Sent from my iPhone

From: Jenny Feldman LaRocque
Sent: 3/3/2022 9:03:14 AM
To: DOH WSBOH
Cc:
Subject: Unmask our kids

External Email

To Whom It May Concern:

I implore you to drop the masking requirements for Seattle Public Schools, effective immediately in line with the public health requirements that state that school masking can be dropped in King County. Nearby districts are doing so, as are our local Seattle private schools.

It's been obvious for some time that not only is masking children not impactful in improving Covid outcomes, but the long term risks of this intervention are not studied and unknown.

I am a working parent in Northeast Seattle. In March 2020 I had 3 children in the Seattle school district in public school. Due to the school closures and the profound impact on one of my kids in terms of weight gain and depression caused by social isolation, I put her in private school. The private school approach to the pandemic has been significantly more child-focused than public schools. My daughter was able to go back to in-person school almost a full year before her 2 sisters in public school. This is shameful. Similarly, while my public school kids are forced to eat outdoors in the freezing rain, my private schooler eats indoors. As of this fall, I will be pulling another one of my kids into private school, which now leaves 1 in SPS whereas there were 3. If I had the means, I would have pulled all 3. My kids, like all kids, deserve an education that is more than Covid neurosis. They deserve to be able to breathe and do PE, recess, and learning without a sweaty piece of cloth covering their face. They deserve to have middle school dances, performances, and normal sports.

Please, I implore you, look around to the rest of the United States and the world and get out of your provincial Seattle bubble. My family members in the Southeast have been mask optional in normal school since Fall 2020; I assure you, they are alive and well and greatly pitying those of us unfortunate enough to be in the PNW. Seattle's approach to this pandemic is embarrassing and abusive to our children. SPS now has an offramp with the government and CDC fully endorsing removing masks due to the current Covid case count; please consider taking this offramp before you continue to do irreparable harm to our youth and create more inequity as most wealthy people are simply working around these silly restrictions by putting their kids in private schools and private sports programs that are more up-to-date with the public health guidance.

Sincerely,
Jenny

From: Lexie Dahm
Sent: 3/4/2022 5:13:21 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccine requirements in schools

External Email

Hello,
I am writing to let my voice be heard on my opposition on COVID-19 vaccine mandates in Washington State Schools.

The unknown long term, and known short term effects of the COVID-19 vaccine is my concern. Both of my children are survivors of COVID-19 and have been tested and shown positive for COVID-19 antibodies. There would be absolutely no reason to not trust their God given immune system, and put a foreign substance in their body that we know nothing about. My son is 14 years and with the rising cases in myocarditis in young men, this is deeply concerning to me that this would be something our children would be mandated to put in their bodies.

Make this vaccine a choice. Let the parents decide what is best for their children.

Lexie Dahm

Get Outlook for Android

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

From: Becky Steffan
Sent: 3/3/2022 1:56:03 PM
To: DOH WSBOH
Cc:
Subject: No to experimental vaccines.

External Email

I would like to urge the board to ratify the TAG's recommendations on the covid vaccine mandate for our children.

The risks are far greater than the benefits and each day that goes by we are learning more and more about the adverse reactions to these mRNA vaccines. In addition, we are learning more about the lack of efficacy as well.

Please take all precautions to protect our youngest citizens.

Thank you,

Becky Steffan
3323 N 19th
Tacoma, WA 98406

Sent from my T-Mobile 4G LTE Device
Get Outlook for Android

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

From: Marie McFadden

Sent: 3/3/2022 2:37:20 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), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: VOTE NO!!

External Email

What part of NO do you public servants not understand?! Vote NO on covid vaccines for k-12!!! Enough is enough!! This outrageous overreach and push to violate our children with a mandated covid injection to attend public schools that our tax dollars pay for needs to end NOW!!! VOTE NO!!!!!!!!!!!!

M. McFadden

On Fri, Feb 11, 2022, 8:23 AM Marie McFadden <monakita26@gmail.com
<mailto:monakita26@gmail.com> > wrote:

Attention public SERVANTS!

Vote NO on this proposed covid vaccine mandate for our school children. Data is showing people with the vaccine are still transmitting and catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification or benefit for forced injections on free citizens, let alone our children who are not in serious danger of this virus. This outrageous government overreach needs to end NOW!! There are PROTESTS WORLDWIDE right now against these vaccinations and all of these unconstitutional mandates. Vote NO!!! Thousands of students will be removed from the public school system by their parents across the state if this ridiculous and outrageous overreach is implemented. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach, END THE MANDATES and VOTE NO on covid vaccines for school children!!!

M. McFadden

Tax Payer, Registered Voter and Parent

From: Pskowski, Samantha L (SBOH)
Sent: 2/28/2022 2:46:19 PM
To: DOH WSBOH
Cc:
Subject: FW: VACCINE MANDATES FOR KIDS

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: veronica monroe <veronicamonroe@hotmail.com>
Sent: Monday, February 28, 2022 2:44 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: VACCINE MANDATES FOR KIDS

External Email

February 28, 2022

Dear Samantha Pskowski,

I am a parent of three kids that attend public school in WA. I am writing because I urge you to please refrain from mandating covid vaccination in WA students. Please consider the legal and ethical consequences related to mandating an experimental vaccination and the significant damage that may result from forcing children to receive an experimental drug that lacks long-term safety data and has not been extensively studied in children.

I am adamantly against mandating Covid vaccination for WA school-age students for the following reasons:

1. Covid vaccination does not prevent a person from getting or spreading Covid (CDC). "People who are fully vaccinated still get Covid-19" (CDC). Covid case rates from January 2022 demonstrate that schools are seeing record numbers of positive Covid cases despite high vaccination rates among students and staff. Current trends and record-high case

rates highlight the ineffectiveness of Covid vaccination in preventing Covid-19 in schools.

2. Many people vaccinated against Covid still get sick with breakthrough infections (CDC). "Vaccine breakthrough infections are expected" (CDC). "People with vaccine breakthrough infections may spread Covid-19 to others" (CDC). WA schools are currently seeing the highest rates of Covid cases since the onset of the pandemic. Current evidence does not support that Covid vaccination is helpful in reducing the spread of Covid-19 and instead is showing an alarmingly clear positive correlation between vaccination rates and Covid cases.

3. The purpose of the Covid vaccine is to prevent severe disease, hospitalization, and death (CDC). The majority of school-age children have a very low risk of severe disease, hospitalization, and death from Covid-19 (CDC). In fact, the overwhelming majority of children hospitalized with Covid-19 had underlying medical conditions such as obesity and asthma (CDC). Additionally, Fauci recently reported that most of the children hospitalized with Covid-19 were not hospitalized because of Covid-19 and were actually hospitalized for conditions unrelated to Covid-19 such as bodily injury and drug overdoses. WA school students should not be forced into taking the Covid vaccine because most school-age children do not pose any statistically significant risk for hospitalization, severe disease, and/or death from Covid-19. Since most WA students are not at risk for severe Covid disease and can still get and spread Covid after vaccination, mandating Covid vaccination in all students would be unwarranted and unnecessary.

4. Covid vaccination is still undergoing clinical trials (Pfizer). Therefore, safety data of Covid vaccination and results of these trials have not yet been released to the general public (Pfizer). Forcing unwilling individuals to participate in medical experiments is unethical, illegal, and in direct violation of the Nuremberg Code for medical experimentations (HHS).

5. Very few (only 3014) children ages 5-17 are enrolled in Pfizer's Covid vaccine trials (Pfizer). Therefore, very little safety data exists regarding Covid vaccination in children (Pfizer). Since the Covid vaccines are new to the market and still in experimental stages, there is no long term data that demonstrates the long-term safety and efficacy of these vaccines in the pediatric population (Pfizer). Requiring an experimental therapeutic that lacks safety data for all WA students would not only be illegal and unethical, it would be reckless, inappropriate, potentially dangerous, and a gross overreach of state.

6. The American Nurses Association and the American Medical Association state that healthcare providers have a legal and ethical responsibility to obtain informed consent regarding all aspects of patient care and to protect patient's autonomy at all times. Forcing Covid vaccination on all WA students would be a violation of their ethical and legal rights to autonomy and informed consent. Forcing unwanted medical treatments such as mandating Covid vaccination in all students is unlawful and would be a gross violation of the ethical code.

Thank you for your consideration.

References:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Feffectiveness%2Fwhy-measure-effectiveness%2Fbreakthrough-cases.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c2235%7>

<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%7CW5BOH%40SBOH.WA.GOV%7C69a1b9133

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fapi%2F2021-11-2-3%2F03-COVID-Jefferson-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c2235%7C1>

<<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%7C69a1b9135527474e062708d9fb0c2235%7C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pfizer.com%2Fscience%2Fccour-landmark-trial&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c2235%7C11d0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffori.hhs.gov%2Fcontent%2Fchapter%2F3-The-Protection-of-Human-Subjects-nuremberg-code-directives-human-experimentation&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c22>

6. <https://www.ama-assn.org/delivering-care/ethics/informed-consent>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ama-assn.org%2Fdelivering-care%2Fethics%2Finformed-consent&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c2235%7C1>

6. <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/ethics-and-human-rights-protecting-and-promoting-final-formatted-20161130.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nursingworld.org%2F~4af078/globalassets/docs/ana/ethics/ethics-and-human-rights-protecting-and-promoting-final-formatted-20161130.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C69a1b9135527474e062708d9fb0c2235%7C1>

From: Andrea
Sent: 3/3/2022 8:06:06 PM
To: DOH WSBOH
Cc:
Subject: K-12 Covid 19 vaccine requirement vote

External Email

To the Washington State Board of Health:

With appreciation for all of the difficult decisions you have had before you regarding Covid over the past two years, I am writing to you with concern about a requirement of the Covid 19 vaccine for students.

As a parent and a public school teacher, I am very much opposed to the Covid 19 vaccine being required for students to attend school.

I believe the vaccine should be a choice for everyone (and perhaps encouraged for high risk groups). There are no long term studies on the effects of the vaccine. This fact alone causes me great concern, and is my primary reason for opposing any mandates or requirements.

Additionally:

- Healthy children are at the lowest risk for complications from Covid.

- Vaccines are readily available to all school age children—healthy and high risk, if they choose to get them. Many have already chosen to be vaccinated.

- The vaccine has not proven to stop infection or significantly prevent the spread of the disease.

- The latest studies on the vaccine for children ages 5-11 show that the efficacy of the vaccine wanes quickly. Even if it did stop infection or prevent the spread of disease, it would only be for a short time. It is unknown how many boosters these children will be asked to endure. There is too much unknown.

- On a practical level, I believe we would see massive withdrawals of students from public schools. Education is the key to so many health-related aspects of a well-functioning society. Requiring a vaccine for a population that by and large is not affected by severe illness only to create additional health-related concerns is not an acceptable trade-off.

For transparency, I am fully vaccinated. I chose of my own free will to be vaccinated prior to Governor Inslee's mandate for public school teachers. I am thankful that it was my choice and not coercion that led me to this decision. I am not opposed to anyone taking the vaccine who chooses to do so.

A requirement for students to be vaccinated against Covid 19 with a vaccine that has no long term studies and does not prove to prevent the spread of disease does not make our schools safer or healthier.

Please vote against requiring this vaccine for K-12 students at this time.

Thank you for considering my concerns.
Andrea Croyle, Snohomish, WA

From: asmodeusrising@gmail.com
Sent: 3/2/2022 11:47:59 PM
To: DOH WSBOH
Cc:
Subject: ratify the TAG's recommendation against a mandate

External Email

we the people have had enough of your medical tyranny

From: Dennis Beringer
Sent: 3/3/2022 6:16:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WSHB:

I strongly object to any and all mandatory COVID vaccine enoculations. There is NO proof the vaccine works and there's significant evidence people, including children, are harmed by the vaccines.

The COVID vaccine is nothing more than a scam for major pharmaceutical companies like Pfizer, J&J and others to rape the taxpayers. People like Bill Gates, George Soros, Fauci and others are profiting from the panic of COVID and mandatory injections.

WHAT A SCAM THIS HAS ALL BEEN.

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: 3/1/2022 11:13:46 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at 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: 3/4/2022 11:39:08 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/2022

2.

Agenda Item or Issue:

Immunizations and isolation

3.

Your Name:

Kelsey Machtolf

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2811 W. Lyons Spokane WA 99208

7.

Email:

kmach1722@gmail.com

8.

Phone Number (Include Area Code):

509-879-1272

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

I will provide information during the meeting. This board had completed destroyed any confidence we have in your decision making. The policies you have pushed through for the pandemic have ruined our children and you continue to move forward with policy that is designed to prey upon the vulnerable. It is truly disgraceful.

From: Anna Yan

Sent: 3/3/2022 11:33:02 PM

To: joholmen@lwsd.org,boardmembers@lwsd.org,DOH WSBOH,DOH Secretary's

Office,Duchin, Jeffery, MD

(DOHi),Dow.Constantine@kingcounty.gov,slevy@kingcounty.gov,coronavirus@kingcounty.gov,McDermott, Joe

(DOHi),Girmay.Zahilay@kingcounty.gov,rod.dembowski@kingcounty.gov,jeanne.kohl-

welles@kingcounty.gov,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov

King County Leg Authority

2,Sara.Nelson@seattle.gov,susan.honda@cityoffederalway.com,David

Baker,hkoellen@northbendwa.gov,jzahn@bellevuewa.gov

Cc:

Subject: Fwd: Public comments to LWSB Board meeting on 3/7

External Email

----- Forwarded message -----

From: Anna Yan <protectkid2022@gmail.com <mailto:protectkid2022@gmail.com> >

Date: Thu, Mar 3, 2022 at 11:23 PM

Subject: Public comments to LWSB Board meeting on 3/7

To: <tharding@lwsd.org <mailto:tharding@lwsd.org> >

Dear LWSB Board Members,

Did you know that New York has just dropped their school mask mandates this Wednesday (3/2)? Maryland has already dropped their school mask mandates too?

And CDC also said Schools May Drop Masks When COVID Risk is Low or Medium, please check this link: CDC: Schools May Drop Masks When COVID Risk is Low or Medium (yahoo.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.yahoo.com%2Fnow%2Fcdd-schools-may-drop-masks-223806099.html&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C3e0fcdf80a1744895bd408d9fdb134ae%7C11d>>

It's clear that LWSB is in a low-risk area.

Besides, the Daily Mail UK ran an article headlined "So, What Was the Point? Cloth Masks Allow 90% of Particles to Filter Through Giving Them Little Ability to Prevent COVID Transmission, Study Finds."

<https://www.dailymail.co.uk/health/article-10565993/Cloth-masks-allow-90-particles-filter-giving-little-ability-prevent-Covid.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dailymail.co.uk%2Fhealth%2Farticle-10565993%2FCloth-masks-allow-90-particles-filter-giving-little-ability-prevent-Covid.html&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C3e0fcdf80a1744895bd408d9fdb134ae%7C11d>>

Exactly what is the point??

I know the Governor and King County announced schools can drop masks on 3/12, but why not now? What is the difference between now and 3/12? Why do our kids need to wear masks, breathe their own CO2 for another ten days? Do you know that lacking oxygen will lead to developmental delay in children? Have you heard the Colville School District and the Kettle Falls School District in WA dropped their mask mandate already? Please show your courage to do the right thing, for our kids! When we look back at this time after one year, we the parents will appreciate your effort and courage to drop the school mask for our kids! Please drop the mask now!

BTW, I have some news about the covid-19 vaccine:

1. the New York Times published an article Monday headlined, "Pfizer Shot Is Far Less Effective in 5- to 11-Year-Olds Than in Older Kids, New Data Show." It describes a study run by New York State health officials who have been collecting jab data, and who found that Pfizer's jab is much less effective in preventing infection in children ages 5 to 11 years than in older adolescents or adults.

<https://www.nytimes.com/2022/02/28/world/the-pfizer-vaccine-is-less-effective-in-5-to-11-year-olds-than-in-older-groups-new-data-show.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fworld%2Fthe-pfizer-vaccine-is-less-effective-in-5-to-11-year-olds-than-in-older-groups-new-data-show.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3e0fcdf80a1744895bd408d9fdb134ae%7C11d>

2. A new study published in Molecular Biology on February 23 is titled, "Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line." It describes in detail finding that the mRNA vaccines permanently alter DNA within the cell nucleus in vitro. The CDC PROMISED that this COULD NOT happen, that it's completely impossible, and then they told Facebook to cancel anybody who suggested that the vaccines could change your DNA.

<https://www.mdpi.com/1467-3045/44/3/73/htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F1467-3045%2F44%2F3%2F73%2Fhtm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3e0fcdf80a1744895bd4>

It's shocking and appalling! Change your DNA? It's so terrifying! The Covid vaccine is not safe and effective! Don't even think about mandating such poison!

A concerned LWSO parent

From: mitzi campanelli
Sent: 3/4/2022 8:56:46 AM
To: DOH WSOH
Cc:
Subject: Urgent on today's Vaccine issue



attachments\53C03A79ACFB4D36_Ap9Rt_the_risk_of_covid_19_climbs_a_lot_with_age.png

External Email

To whom it may concern,

Please vote NO on requiring the Covid vaccine for school attendance!!☐

Here is one of many graphs regarding children and all other ages. There is no need for children for them to get the shot. "Natural immunity" is the best and will make them stronger to ward off any other viruses as well.

Please do your own research and look into various sources instead of one or two sources.

Please check out an article or two by
Dr. Robert Malone, the inventor of the mRNA.
Obviously, he isn't an anti-vaxxer.
Also, please check out an article or two from Dr. Peter McCullough. Dr. McCullough is the
most peer reviewed
doctor on Covid-19.

There are many adverse reactions being
reported and not being reported
on children that have taken the shot and some life long illnesses that have been
incurred due to the shot.

Thank you for your time and please support our future, our children, and vote NO on
requiring this shot for school attendance.

Best,

Mitzi Campanelli

Sent from my iPhone

From: Vale Harris
Sent: 2/28/2022 7:41:54 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: Judy Schulz
Sent: 3/4/2022 10:00:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

As the vaccine has proved to be harmful in some cases for children and the fact that most children with COVID do not experience bad reactions unless they have underlying conditions, I would like to add my not to NOT require the vaccine for school children.
Thank you!

Judy Schulz

From: Cheryl Thompson
Sent: 3/1/2022 3:26:34 PM
To: DOH WSBOH
Cc:
Subject: NO vaccine and mask mandates - NO vaccine passports!!!

External Email

All mask and vaccine mandates should END for good!!! Doctors have been warning about the vaccine. There have been many injuries, including deaths, from the vaccine. Dr. Robert Malone warns of these injuries and deaths. He says, "If there is risk, there should be choice." There is risk with the vaccine! The decision should be made by the children, their parents, and doctors. This decision should NOT be made by government officials. Someone MUST be held accountable for vaccine mandate child abuse, especially if there is injury or death. There MUST be lawsuits if this continues!

Sincerely,
Cheryl Thompson
North Bend, WA 98045

Get Outlook for iOS

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

From: Val Harris
Sent: 2/28/2022 7:40:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Christi Garcia
Sent: 3/4/2022 9:43:24 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I absolutely disagree with required vaccines especially those untested such as the COVID ones. I believe in a religious or personal exemption for any immunizations that affect our kids health.

Thank you,
Christi Garcia
Happy Mother of 9!
District manager of local bank

Sent from my iPhone

From: Tanya New
Sent: 3/3/2022 7:21:43 AM
To: DOH WSOB
Cc:
Subject: Complaint against Erin Raymond



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External Email

To the Supervisor of Erin Raymond.

>> I thought it would be in the best interest of the company, to see what kind of woman Erin Raymond is.

>> Below you will find screenshots of where she has admittedly missed company time due to being up all night, partying with a married man.

>> She lied to her supervisor after oversleeping her alarms, told him she was having "connectivity issues" and made the reference "fuck off Government" (sometime around December 29th) she also stated she's "Union"

>> She talked vulgar things about a 12 year old child who has been her daughters best friend since second grade. That 12 year old belongs to the man she is having an affair with and his wife.

>> She just got out of rehab around the 6th of December, starting that following week is when she scheduled her Everett reviews so that she could go to the hotel to be with a married man. He was also working in Everett at that time. She was right back to drinking vodka and potentially doing cocaine as I have other screenshots that reference that.

>> She has made promises and threats to bring me bodily harm. She makes reference to working at the woman's prison for years and how some of them have her back, then she asks him, " do you want me to lay her out?"

>> I'm sure in her line of work, these behaviors are unacceptable and I needed to bring it to the attention of the company as she has no regard for anyone.

>> Please forward this to her supervisor if this is not the proper email for them.

>> Thank you.

>

>> Sent from my iPhone

>> Sent from my iPhone

From: Sharon x
Sent: 3/3/2022 5:39:35 PM
To: DOH WSBOH
Cc:
Subject: Do not make Covid-19 shot mandatory for K-12 to attend public schools

External Email

To the WA State Board of Health

There are too many reasons not to have the Covid-19 vaccination mandatory. I oppose having the Covid-19 vaccine as part of the vaccine regimen for kids K-12 to attend public schools in Washington State (or any state for that matter).

*My number one concern is the side effects that are not being properly publicized. They are plentiful and exist. Myocarditis is the one most mentioned. There is plenty of data, including, CDC's own VAERS system to show deaths and adverse reactions from the shot.

*mortality and hospitalizations of kids with Covid19 are approximately 0.02% and less than 4%, respectively

*The Covid-19 vaccine does not provide protection for much longer than 28 days after the shot according to a very recent study from New York Pfizer Shot Is Far Less Effective in 5- to 11-Year-Olds Than in Older Kids, New Data Show - The New York Times (nytimes.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F03%2F03%2Fhealth%2Fny-pfizer-shot-is-far-less-effective-in-5-to-11-year-olds-than-in-older-kids-new-data-show-nytimes-com&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc93a1f4c08f4f5cb43808d9fd7fcb8e%7C11d0e2>>

*Proof of Vaccine status and mask mandates are disappearing all over the country.

*Even the TAG committee voted against requiring the Covid-19 shot as a requirement for kids to attend school.

*Covid-19 shots are still in EUA. How on the planet could this be considered safe without all the data.

There are a plethora of data to show that these Covid-19 shot cause significantly more harm than good, and families should be allowed to speak for themselves openly and freely regarding choice of getting these shots. If there is a mandate to have the Covid-19 vaccines in order to attend public K-12 school without exemption status, I will join the thousands and thousands of families that have already decided to pull their kids from public schools.

I am hoping that the WA State Board of health acts with common sense of unbiased data, and a strong sense of ethics. If a requirement for public schools to get this shot comes to fruition, I will bjoin the thousands and thousands of families that have already withdrawn their kids from public schools.

Thank you for your consideration and strong ethics,
Sharon Hochberg
resident of Redmond, Washington

From: Patty Fried
Sent: 3/4/2022 8:19:22 AM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements for school children

External Email

I am totally opposed to adding the Covid vaccination to the list of required vaccines for school children. Very few children are harmed by Covid, but a few have been harmed by the vaccine. It doesn't work anyway, since getting vaccinated doesn't prevent a child from getting Covid.

Sincerely,

Patty Fried

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Victoria Mazurets
Sent: 1/26/2022 2:55:48 AM
To: DOH WSBOH
Cc:
Subject: 9813A3CA-6F27-473D-8AD5-9C904CFF3F52

External Email

My name is Victoria Mazurets.

I am completely against any of the proposed Covid policies that are over reaching and immoral and infringe on citizens freedoms. I stand against these proposed WAC's:

WAC 246 100 070

WAC 246 100 045

WAC 246 100 040

WAC 246 100

WAC 246 105

Thank you for your consideration.

From: Lisa NYS
Sent: 2/28/2022 10:09:32 AM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email



Dear to whom it may concern,

The action of mandating a vaccine to the least impacted age group is unconscionable!

You are going to CRIPPLE the already failing public schools. So many parents are already ready to Home School their kids and this will send them over the top.

THINK about who you are helping..... Your own egos or the kids. You cannot say you have the kids in mind when you talk of mandating vaccines for a virus that is becoming more like the flu every day and impacts kids 0-19 the least, if at all! Follow the data!

The virus is safer than the vaxx for children. This is a dangerous plan!!

Please end this conversation NOW.

Lisa Clair

31741 SE. 273rd Court

Ravensdale, WA 98051

253-666-3335

From: Jenn Matthews
Sent: 3/4/2022 10:24:26 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine for children - do not add as a requirement

External Email

Good morning -

I have been tuning in and listening to the various BOH and TAG meetings over the last couple of months and while I am encouraged that the TAG is not going to recommend adding the COVID-19 vaccine to requirements for school and childcare, the BOH can choose otherwise. I will again state my position: it is not acceptable to add this as a requirement. Below are some reasons:

1. There is widespread acceptance across all major media outlets and even the CDC that the vaccine has very little value in affecting current strains of COVID-19; therefore, adding it as a requirement is useless.
2. There are no long-term health studies to show the effects on this vaccine for children (nor anyone for that matter).
3. In a school & daycare environment, the goal is to slow the spread of disease - this vaccine does not do that. The virus is transmissible with and without vaccination - so the goal you seek cannot be mitigated by asking for another vaccine to be added.

Thank you for your time.

Jennifer Matthews
Washington state resident
Mother of 2 daycare/school age children

From: Collins, Michaela
Sent: 3/2/2022 5:56:59 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

The jab is not a vaccine. It has no benefit to kids only harm. We cannot even grasp the long term effects. These kids have not given informed consent. Violates Nuremberg code. Don't participate in these crimes against humanity!

The OpenVAERS team recently started looking at injury reports in children aged 17 and younger, and to their shock, they found 34,223 U.S. reports involving this age group through February 11, 2022.

This is a staggering number, considering the 12- to 17-year-olds have only been eligible for the shot since May 2021, and 5- to 11-year-olds since October 2021.

New Data for those that follow the science

- 1- Recent data analysis shows the COVID jab is deadlier than COVID-19 itself for anyone under the age of 80. For younger adults and children, there's no benefit, only risk
- 2- All age groups under 50 years old are at greater risk of dying after receiving a COVID jab than an unvaccinated person is at risk of dying from COVID-19
- 3- For those under 18, the COVID jab increases their risk of dying from COVID-19. They're also 51 times more likely to die from the jab than they are to die from COVID if not vaccinated.

Stop ignoring the science. Doctors and parents all over the world are screaming stop at the top of their lungs.

For the love of God, what is wrong with you? Do you worship Dr. Josef Mengele and Fauci and get off on experimenting on kids??

Stop the insanity! Wake up to the fact that your narrative is wrong.

No no no no no no NOOOOOOOO!

Sincerely,
Michaela Collins

Sent from my iPhone

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From: Lisa Buchanan
Sent: 3/4/2022 8:57:52 AM
To: DOH WSBOH
Cc:
Subject: Vax mandate

External Email

Please DO NOT REQUIRE THE COVID VACCINE for children!! It's not even a vaccine, as it does NOT stop the spread of Covid. Furthermore, it is a false protection against a virus that is extinct. Covid has mutated into something the original "vaccine", (Ineffective possible treatment, at best!) DOES NOT WORK AGAINST, so the "vaccine" is useless for all people, not just children.

Also, the CDC has withheld CRUCIAL INFORMATION about this "vaccine" that is imperative for informed decisions about it, as per the New York Times, Feb. 20th. How can you pass something with integrity when you don't have all the information?

Then, PLEASE NOT FORGET that kids are at ZERO risk of severe illness from Covid! They are at 100% RISK FROM THE "VACCINE". (Children do NOT pass Covid onto adults. So, teachers NEED NOT FEAR!) Leave children's God-given immune system to handle what it was created for since they are handling it like champs and natural immunity is SO MUCH MORE EFFECTIVE AND 100% SAFE! Where there is risk, there MUST BE CHOICE!

Thank you,

Lisa

Sent from my iPhone

From: Brian Davis
Sent: 3/2/2022 10:49:17 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I, Rochelle Davis, and my husband Brian Davis do NOT favor the mandate of the COVID 19 vaccine.

Thank you,
Brian and Rochelle Davis

Sent from my iPhone

From: Testify Online Survey
Sent: 3/1/2022 10:34:22 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

2.

Agenda Item or Issue:

COVID "Vaccine"

3.

Your Name:

Ken Hughey

4.

Do you have a professional title?

1. Yes

Mr.

5.

Are you representing an organization?

1. Yes

DigiCor LLC

6.

Address:

2420 W Courtland Ave Spokane, WA. 99205

7.

Email:

Khugheypico@gmail.com

8.

Phone Number (Include Area Code):

5092218745

9.

Do you have any special expertise relevant to this topic?

1. Yes

I studied Pharmacy at WSU. I manufactured pharmaceuticals at Hollister-Stier in Spokane 17 years several of which were vaccines. REAL vaccines.

10.

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

1. Yes

REAL vaccines take 8-10 years of study to complete. The so-called Covid-19 "vaccine" is NOT a vaccine. First, the CDC website states there is no antigen. Without antigen, there is no vaccine. Second, REAL vaccines prevent real diseases (ie. Polio vaccine). The Covid-19 injection does not prevent Covid. This is a classic example of fraud.

11.

Are you Pro or Con on the proposal?

2. Con

I am asking reasonable people to make reasonable decisions to end the puppet show immediately. Enough already. I hope you all have some Bitcoin stowed away for rainy days ahead.

From: Janelle Beauchemin
Sent: 3/3/2022 4:50:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Its unconscionable that it is even being considered that children be forced to get the "vaccine". It doesn't stop transmission. It has killed 21,000 people (look in VAERS). We have no idea of the long term effects. What is the goal here? Why is it even being considered? If a child is high risk, they should get the "vaccine". By choice. You do not have the right to put our children at risk with this. I see that part of the board wants this. Again, why? Immflamation of heart tissue. Unacceptable. Blood clots. Unacceptable. Immune system attacks itself. Heck no. I dont care if it is a small percent, it matters a heck of a lot to the person and their family that is injured/killed and now you want to force parents to take this risk,,,, for what again? Does it stop transmission? Isn't the monoclonal antibodies and other early treatments enough to stop this obsession with this "vaccine"? Please stop.

Thank you,
Janelle Beauchemin

Sent from Samsung Galaxy smartphone.

From: Marie Desmarais
Sent: 3/3/2022 7:06:04 AM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

I'm outraged that is even being considered that the vaccine be required. As a parent, I will not risk my child's health with a vaccine that has so many unknowns. start listening to taxpayers.

GET POLITICS OUT OF SCHOOLS AND LEAVE CHILDREN ALONE!

From: Tera Tagliabue
Sent: 3/3/2022 8:09:56 PM
To: DOH WSBOH
Cc:
Subject: Oppose adding COVID 19 vaccines to school immunization requirements

External Email

To the WA Board of Health,

It's come to my attention that the TAG recently voted NOT to recommend the experimental COVID 19 vaccines be added to the school immunization requirements. I am glad the majority voted in this way, recognizing the safety and efficacy of this experimental gene therapy is too unknown.

The vaccines fail to prevent infection or transmission. Children have a very low risk of death or severe illness from infection with the SARS-COV2 virus, while their risk of injury from the vaccine is elevated, and the long term effects are completely unknown.

Please take the recommendation of your advisory group and do not add these vaccines to school immunization requirements.

The public is very invested in the outcome of this decision. Remember you have a duty to uphold your oath of office in protecting the people, and especially the children. If you disregard the recommendation of your advisory group you will further undermine the public trust in state and federal health agencies.

Thank you,
Tera Tagliabue

From: Julie Hafen
Sent: 3/3/2022 8:28:48 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine/Masks For Schools

External Email

To Whom It May Concern:

Our students will be disenrolled immediately, should the covid vaccine be added to the vaccination schedule. Several family members have experienced adverse reactions and we will not be taking this risk with our children. We will also not risk "accommodation" requirements (mask, home learning, etc) during virus seasons should the vax be added to the schedule with exemptions. These kids need stability in their education.

They will also be disenrolled should masks be required again. The children in our circle have had one respiratory illness after another almost continually since the beginning of the school year, despite wearing a mask, and are experiencing frequent headaches during the school week for the first time ever. (I would love to see the statistics showing how common this is.) Despite sending them to school with 2 additional masks to change into throughout the day, they come home wet and filthy, sometimes with holes chewed through the masks. This goes against all science at this point and we will not allow them to go through that again.

Thank you,
Brian Hafen

From: Nancy the Soul Dancer
Sent: 3/3/2022 8:26:02 PM
To: DOH WSOH
Cc:
Subject: FW: COVID 'Test to Treat' Plan a Windfall for Pfizer, Merck + Biden, CDC Follow Poll Numbers, Not Science + More



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External Email

Subject: COVID 'Test to Treat' Plan a Windfall for Pfizer, Merck + Biden, CDC Follow Poll Numbers, Not Science + More

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March 3, 2022

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Biden's 'Test to Treat' Plan a Windfall for Pfizer, Merck — But Bad for Patients, Doctors Say

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Internal Memo Shows Biden, CDC Following Poll Numbers, Not Science

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6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70

New York Times' Disgraceful and Deceitful Attack on Robert F. Kennedy, Jr.

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6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70

Big Oil Funding Toxic Turf Playgrounds as Part of 'America the Beautiful' Conservation Initiative

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT64307a4ca4-4add-8939-faf98485b3b5%2F02d82d46-59bf-4a2c-b7fc-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT64307a4ca4-4add-8939-faf98485b3b5%2F02d82d46-59bf-4a2c-b7fc-6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70)

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<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT5286afac5b8-493a-a2f9-00159b506c94%2F02d82d46-59bf-4a2c-b7fc-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT5286afac5b8-493a-a2f9-00159b506c94%2F02d82d46-59bf-4a2c-b7fc-6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70)

6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70

Why Aren't U.S. Labs Required to Inform Public About High-Risk Experiments on Coronaviruses?

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6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70

'Forever Chemicals' in Food: Is FDA Ready to Take a Tougher Stance?

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Children's Health Defense depends on generous donations from our community. Large or small, every donation gets us closer to achieving our goals.

Listen to what RFK, Jr. has to say.

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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%2FT2e8ab2c537-473e-8b1d-8596b8a135ee%2F02d82d46-59bf-4a2c-b7fc-6bd901ba192f&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6f90dbd1bbd14392c72b08d9fd96d4b4%70>>

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From: DOH Information
Sent: 2/28/2022 4:47:36 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for minors comment



attachments\24A80C7162514A51_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: Monday, February 28, 2022 11:46 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 disagree with the vaccine mandates for our children , the vaccines are not approved by the FDA, they are experimental 2 of my adult birthing people friends have chronic pain in their axilla lymph nodes from the corona vaccine, this is a known side effect of the C vaccine, there have been an uptake in the number of women with breast cancer, infertility and 40% increase of death in people ages 15 to 35 after the C vaccine, please don't mandate this for 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:

Irene Janet Randall

Email:

brain_dart@hotmail.com <mailto:brain_dart@hotmail.com>

Telephone:

13609904471

5.

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

brain+dart@hotmail.com <mailto:brain+dart@hotmail.com>

From: Linda Hagan
Sent: 3/1/2022 1:50:20 PM
To: DOH WSBOH
Cc:
Subject: Secret Recording of ER Doctor Calling Jab... "Piece of S**t"

External Email

Secret Recording of ER Doctor Calling Jab... "Piece of Sh*t" and more comments from the shift's RN:

<https://rumble.com/vmswkl-secret-recording-of-er-doctor-calling-jab....html?mref=9qiox&mc=7i756>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvmswkl-secret-recording-of-er-doctor-calling-jab....html%3Fmref%3D9qiox%26mc%3D7i756&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdb0ae75>>

Pardon their French!

Linda Jeanne

From: Rebecca Mitchell
Sent: 3/1/2022 8:55:44 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good evening,

I am writing to oppose adding the Covid-19 vaccine to the list of mandatory childhood vaccine list for schools. I encourage you to vote no. Children pose little to no serious risk of Covid-19. The vaccine does not meet the criteria to require it and as parents we are not comfortable giving our children an experimental drug. We will pull them from the public school system if it becomes a requirement. Under no circumstances will our children get the Covid-19 vaccine.

Thank you,
Rebecca Senescall
Spokane, Wa

Sent from my iPhone

From: Michael Kada
Sent: 3/3/2022 11:21:12 AM
To: DOH WSBOH
Cc:
Subject: Please ratify TAG's recommendation to against a Covid vaccination mandate for school children

External Email

Dear State Board of Health members,

I am a concerned parent because I believe that parents should own the decision whether to vaccinate their children for Covid. Furthermore, more and more information is being released about the efficacy of the Covid vaccine:

* Per the Kaiser Permanente survey presented in the TAG meetings, two thirds of parents are against a Covid vaccine requirement for school children

* A study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-vaccine-only-12-percent-effective-kids-5-to-11%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3D802493ff-397e-46d1-8d8c-f5b50cb8275d&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4840818bba924064b29f08d9fd4af02e%7C>
just released indicates that the Pfizer vaccine shows only a 12% effectiveness for children 5-11

* The long-term side effects of the Covid vaccine are still not known but already per VAERS reporting, the Covid vaccine is the deadliest vaccine in the history of reporting. This despite the fact that it has been in the market for a very short time period.

I was attending an event a couple of weeks ago with over 100 parents present who are all concerned about a potential Covid vaccine mandate.

Therefore, please follow the recommendation of the TAG team to NOT make the Covid vaccine for children a requirement. Furthermore, I have been impacted directly. My father is experiencing severe injuries from the Covid-19 vaccine he received and has been dealing now with it for over 10 months.

Thank you,

Michael

Michael Kada

425-241-2158

From: Janell Hulst
Sent: 3/4/2022 1:47:36 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\D674DE89176D4565_IMG_0006.jpeg

attachments\AB3A15D0250D4494_Meet our Board Members WSBOH.png

External Email

To the Washington State Board of Health Members:

The following are necessary facts that need to be considered prior to making any decision regarding adding COVID-19 "vaccines" as a requirement for children to enter into child care and/or school...

Pfizer's Own Documented Adverse Reactions, documented Feb 2021, and withheld from the public:

The above "Appendix: List of Adverse Events of Special Interest", can be found on pages 30-38, via this link:

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf?fbclid=IwAR3asLvOW6nZPHMP9dnoEsJ94by9hlo3AyoOe3PVsh0EFJS7dJ0XL5UYRbc&>

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With the 9 FULL pages of Adverse Reactions, documented by Pfizer themselves, for this gene therapy that is being called a vaccine, is egregious!! This is UNACCEPTABLE to be proposed as something to have added as a requirement for CHILDREN to enter daycare or school. This product is not FDA approved for children, and is only under Emergency Use Authorization ONLY! CanNOT be considered to have PERMANENTLY added to the list PRIOR TO PROPER SAFETY TESTING. The long term effects of this gene therapy is STILL UNKNOWN and this would be a crime against children if it were to be added.

Did you know about...?:

"New York Times Bombshell:

Dr. Robert Malone addresses the New York Times bombshell article acknowledging the CDC withholding critical data on boosters."

Read the article: <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%2F20%2Fhealth%2Fcovid-cdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%7C11d0>

"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.

All the data for these gene therapies have NOT YET even been released: how is that informed consent; and how then, would this not be considered COERCION of both the parents/guardians/custodians AND the children???? It is!! And ADDITIONALLY is egregiously against the Nuremberg Code. Three very important, key points demonstrate why I say so:

* Did you know that the FDA approved shot and the EUA shots were recently deemed in court to NOT be interchangeable or the same? EUA and FDA Licensed Products do not have the "Same Formulation" and are not "Interchangeable"

Notwithstanding any potential assertions to the contrary, the EUA and licensed versions of Pfizer- BioNTech do not have the "same formulation" as revealed by a simple inspection of the Pfizer Vaccine EUA letters and the Summary Basis for Regulatory Action (SBRA) for Comirnaty. Thus, they cannot be treated as "interchangeable," because there is no legal basis to administer an EUA product as if it were the FDA-licensed product. By definition, they are different."

"There is no evidence in the public record for finding that the EUA Pfizer-BioNTech vaccine and FDA-licensed Comirnaty have the "same formulation." There is, however, ample evidence for finding that they do not. The most detailed information on Comirnaty's composition, manufacturing process, manufacturing locations and other matters approved by the FDA is included in the FDA Comirnaty SBRA, nearly all of which is redacted,²⁵ while most of this information was never made available in the Pfizer-BioNTech EUA applications or authorizations. To the extent such information is available, it reveals differences in the composition of the EUA and the licensed product.²⁶ There is also no dispute that the FDA EUA does not address manufacturing processes or locations, which are addressed in the Comirnaty license. See August 23 Comirnaty SBRA at 12-13. For the same reasons, the public record does not support any argument that the two admittedly "legally distinct" products are "interchangeable." "Interchangeable" and "interchangeability"

Please see so for yourselves on the supreme court's website:
https://www.supremecourt.gov/DocketPDF/21/21A244/206781/20211229144437004_No%2021A244%20a
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.supremecourt.gov%2FDocke>

* Did you know that the FDA approved "Comiranty" is still listed on the CDC website as "not order able"? Please go to their website below and see for yourselves:
<https://www.cdc.gov/vaccines/programs/iis/COVID-19-related-codes.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fpro>
19-related-
codes.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%7C11d

* If the FDA approved shot was available, than the EUA ones, by definition would have to be revoked: When an EUA declaration is terminated, then any EUA(s) issued based on that declaration will no longer remain in effect.¹⁸ The HHS Secretary's EUA declaration will terminate on the earlier of: (1) a determination by the HHS Secretary that the circumstances that precipitated the declaration have ceased (after consultation as appropriate with the Secretary of Homeland Security or the Secretary of Defense), or (2) a change in the approval status of the product such that the authorized use(s) of the product are no longer unapproved (section 564(b)(2)). For example, an EUA issued to allow an unapproved use of an approved product may no longer be needed if that product is later approved by FDA for the use permitted by the EUA. Before an EUA declaration terminates, the Secretary of HHS must provide advance notice that is

authorities%23A2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%

transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%

tolerance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%7C

stream%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C735e5c50c217470eb65f08d9fdc3e59f%7C11c

Should the State Board of Health decide to proceed willy nilly and add this shot as a requirement for children to enter childcare or school, EVEN AGAINST the recommendations of the TAG committee, who voted 7 NO, 4 UNSURE — essentially totally 11 NOs, compared to 6 YES — and the outrage of the people, it would be QUESTIONABLE, to say the least....

If your consciences are not seared yet, then you need to ask yourselves why.... If you are not willing to look at all the available science and listen to the experts in the field, you also need to ask yourselves why....

This will not fly with the American people, and the people of Washington State. This is unethical and beyond questionable, and we are watching what is occurring in our systems VERY closely and will hold you all to the constitution of this state and this country, and to the Nuremberg Code. These are our children's lives you are messing with, and when long term effects start to come to realization, you will be held accountable, for pushing upon the public through means of coercion — overtly and passively.

I am sure that your inboxes have been filled with information regarding VAERS reporting, including deaths that now are exceeding 23,000, and over 1 million adverse reactions. You should know, as well as any one else, that reporting is historically less than 1%, is not an easy process, and cannot be reported into by just anyone. I am sure you may know, that most physicians and nurses do not know how to utilize the VAERS reporting system, and also have been advised not to utilize it regarding the COVID gene therapy shots, being called COVID-19 vaccines. You can do the math I am sure.

I would imagine you have also received information contrary to what we are being told about the shot main stream and by our own governmental agencies, both federal, state, and local. I would imagine so even regarding the ineffectiveness of the masks that we and our children are being told to wear, which is ABSOLUTELY not based in science, but "belief". Is that the approach that our State Board of Health is having regarding these shots? That you are simply believing what you are told, rather than investigating for yourself?

Your own website boasts this:

....if this is in fact true, then why do you not provide HEALTHFUL and SAFE solutions to the public? You only push these shots and NOTHING else. VERY questionable. What about Vitamin D3, Vitamin C, Vitamin Zinc etc, other healthy lifestyles activities such as exercise, not living in fear... I am baffled. These experimental gene therapy shots are NOT the solution and science demonstrates this, when you look at ALL the science, not just what the manufacturers, the CDC, and the FDA say.

The risks for this gene therapy EXPONENTIALLY outweighs the benefits for children: if you disagree, we demand per RCW 42.56.030 that you SHOW THE PROOF otherwise, VIA PUBLIC HEARING OPEN FOR OPPOSING SCIENTIFIC DOCUMENTATION, and required responses from the SBOH within and during the Public Hearing to the printed opposing science and/or expert witnesses, so that the public can actually witness the science, and make an informed decision, rather than being spoon-feed propaganda, which is all I have seen from all the WA State Sites...

RCW 42.56.030:

"Construction.

The people of this state do not yield their sovereignty to the agencies that serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may maintain control over the instruments that they have created. This chapter shall be liberally construed and its exemptions narrowly construed to promote this public policy and to assure that the public interest will be fully protected. In the event of conflict between the provisions of this chapter and any other act, the provisions of this chapter shall govern."

<https://app.leg.wa.gov/rcw/default.aspx?cite=42.56.030>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2Frcw%2Fdefault.aspx?cite=42.56.030>

Sincerely,
Janell Hulst

From: Rick Allen
Sent: 3/3/2022 3:49:43 PM
To: DOH WSBOH
Subject: Comments for the BOH re: Immunizations Technical Advisory Group's good decision



attachments\4CAE5192863849E3_PIC - Are Vaccine Mandates Science Based 1 page.pdf



attachments\68E9FD0389874B23_PIC - Analysis of US COVID-19 Inf PRD TOOL_NAMETOOLONG.pdf



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External Email

BOH, especially Tom P & Tao - Having watched the TAG meetings on Zoom. I implore you to uphold and ratify the TAG decision to NOT make COVID 19 "vaccines" be mandatory for school kids for the following scientific reasons. I repeat my statement of February 23:

☐ 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 - Tom and Tao - Your statements that these shots are safe, effective and necessary— the best thing we can do to keep our children healthy— are incorrect. Really look at the science I am supplying. I would be happy to go over it 1-to-1.

PPS - I will again be watching!

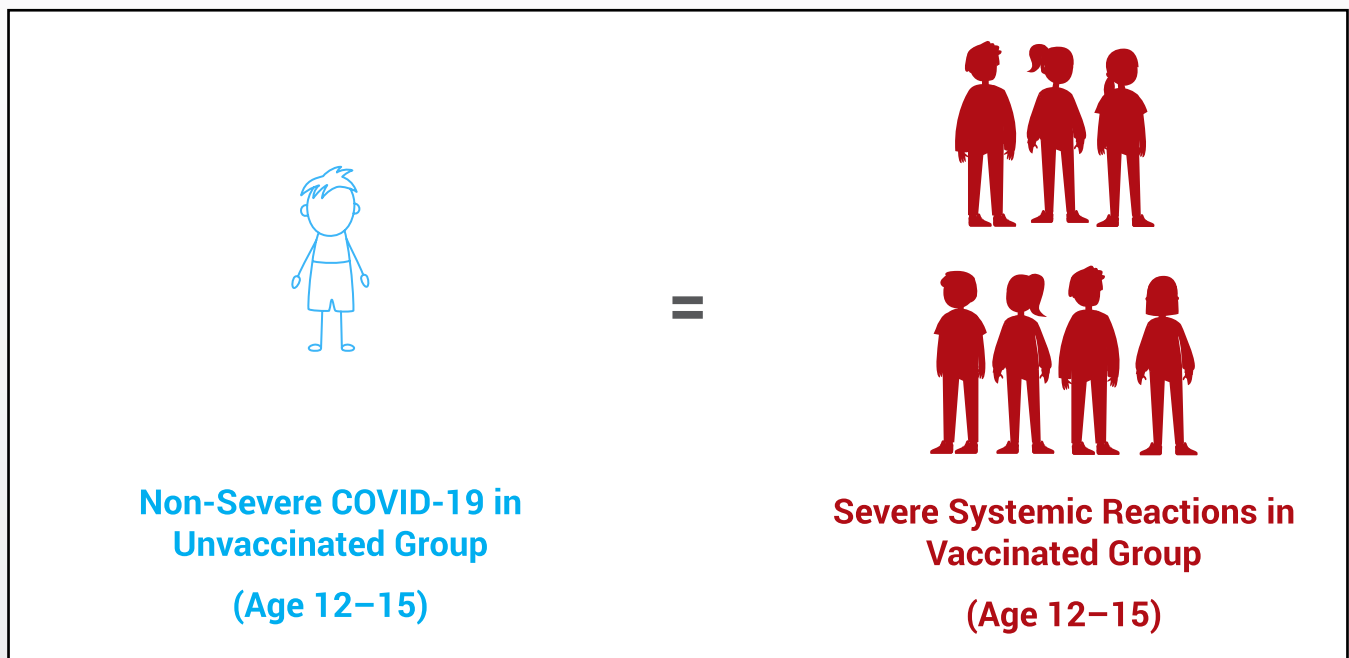
Copies shared with my Washington state legislative representatives, Physicians for Informed Consent and Informed Choice Washington

Dr Rick Allen, MS, LMT, DC
NEW EMAIL: drrickallen@icloud.com <mailto:drrickallen@icloud.com>
www.cascadewellnessclinic.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cascadewellnessclinic.com%2F>

Cascade Wellness Clinic
663 Sunnyside Rd
Trout Lake WA 98650
home/work: 509-395-0024
cell: 503-803-2766

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.



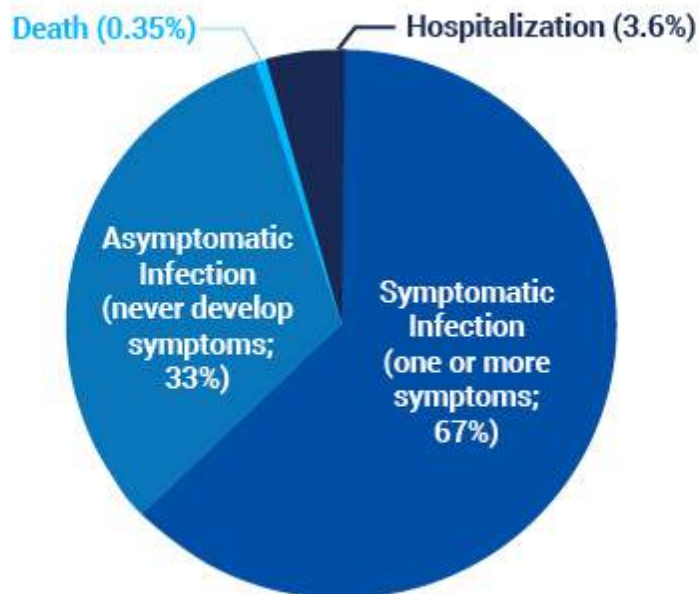
[Select Language](#)[PHYSICIAN LOGIN](#)[\(HTTP://FORUM.PHYSICIANSFORINFORMEDCONSENT.ORG/\)](http://forum.physiciansforinformedconsent.org/)*Delivering Data on Infectious Diseases & Vaccines™*[\(https://physiciansforinformedconsent.org/\)](https://physiciansforinformedconsent.org/)

To search, type and hit enter



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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[\(https://physiciansforinformedconsent.org/covid-19/\)](https://physiciansforinformedconsent.org/covid-19/)

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 23% 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.⁷

A Stanford University systematic review that included 69 antibody studies estimated that the COVID-19 IFR in the United States ranges from 0.1% to 0.6%.⁸ 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).⁹ In addition, severe COVID-19 is particularly lethal in nursing homes.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.⁹

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

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	0.1%	0.00%	0.001
18–49 years	56.4%	4.20%	0.63
50–64 years	20.3%	11.1%	0.3
65 years	19.2%	80.9%	4.2
65+ years in LTC	0.9%	38.0%	4.3
65+ years in LTC	0.4%	41.0%	37.2
75+ years	4.3%	58.5%	1.3
75+ years in LTC	4.0%	58.2%	1.6
75+ years in LTC	0.3%	40.2%	46.9
All ages	100	100	0.35
All ages not in LTC	99.1%	34.9%	0.2*
All ages in LTC	0.9%	83.1%	38.2

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 20 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 821,000 COVID-19 deaths,¹⁶ that equates to 177.4 million SARS-CoV-2 infections (821,000/0.35%). 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.¹⁷

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.^{18,19} Dozens of studies have observed the effectiveness of various treatments, the most studied being remdesivir, vitamin D, hydroxychloroquine (HCQ), remdesivir, and monoclonal antibodies.^{20,21} 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).^{22–24}

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}

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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(<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.

to become a member, please visit physiciansforinformedconsent.org
(<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.

SHARE the press release on Facebook.

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(check back for links)

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/>).

COVID-19 VACCINE MANDATES: 20 Scientific Facts That Challenge the Assumptions

ASSUMPTIONS

FACTS

P&C PHYSICIANS
FOR INFORMED
CONSENT
Delivering Data on Infectious Diseases & Vaccines™

Available in other languages at:
[physiciansforinformedconsent.org/
covid-19-vaccines](https://physiciansforinformedconsent.org/covid-19-vaccines)



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

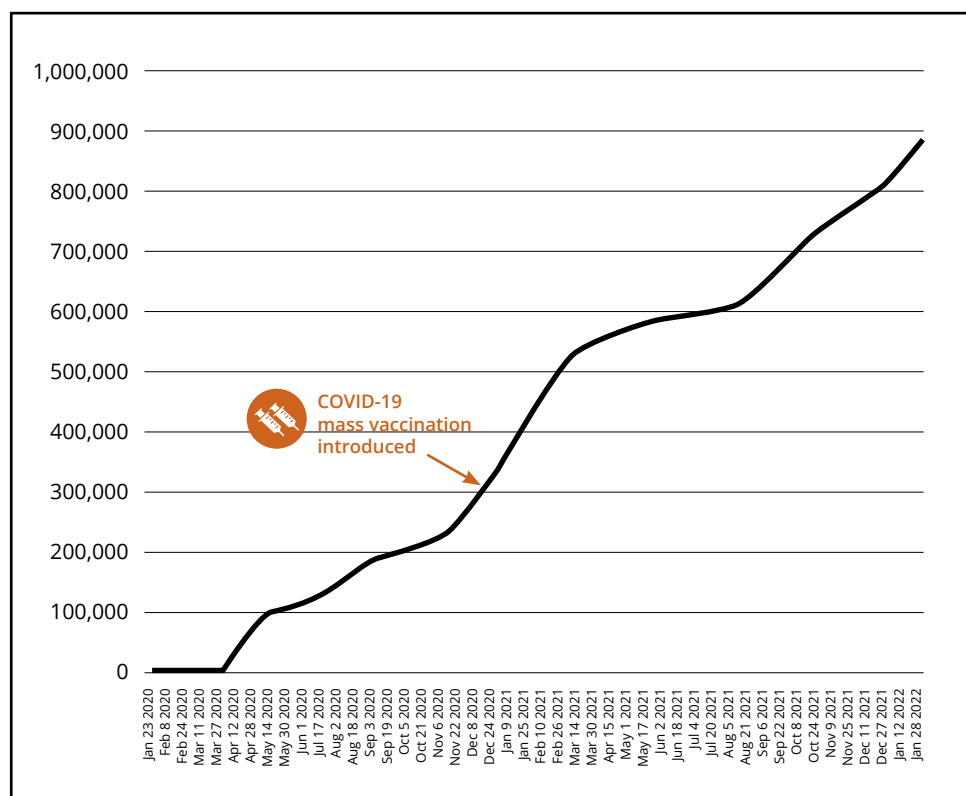


FACT 5: A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* observed that 100% of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.¹



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



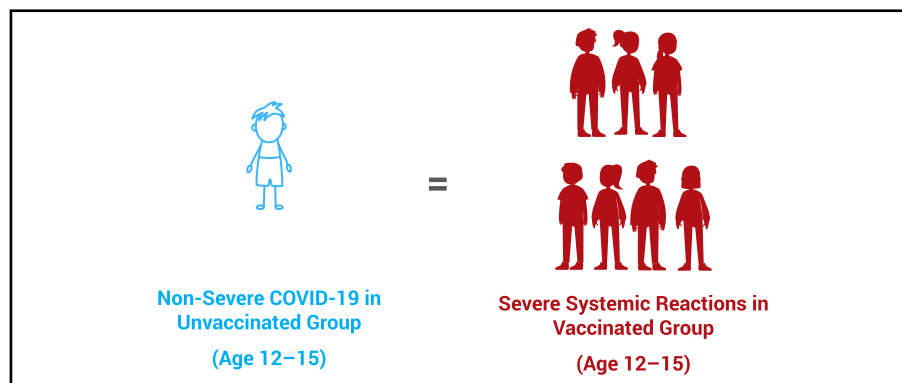
FACT 8: In the clinical trial, a range of 1 in 59 to 1 in 143 vaccinated children 5 to 11 years of age suffered severe systemic reactions within seven days of the second dose. There were 3 to 8 cases of severe systemic reactions observed in the vaccinated group for every 10 cases of non-severe COVID-19 in the unvaccinated group.⁹



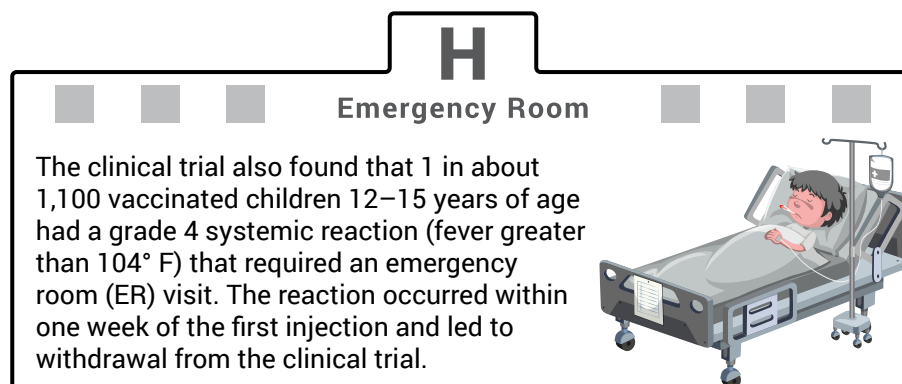
FACT 9: In the clinical trial, 1 in 9 vaccinated adolescents 12 to 15 years of age suffered severe systemic reactions within seven days of receiving the second dose. There were 7 times more severe systemic reactions observed in the vaccinated group than non-severe COVID-19 cases in the unvaccinated group.¹⁰⁻¹²



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.



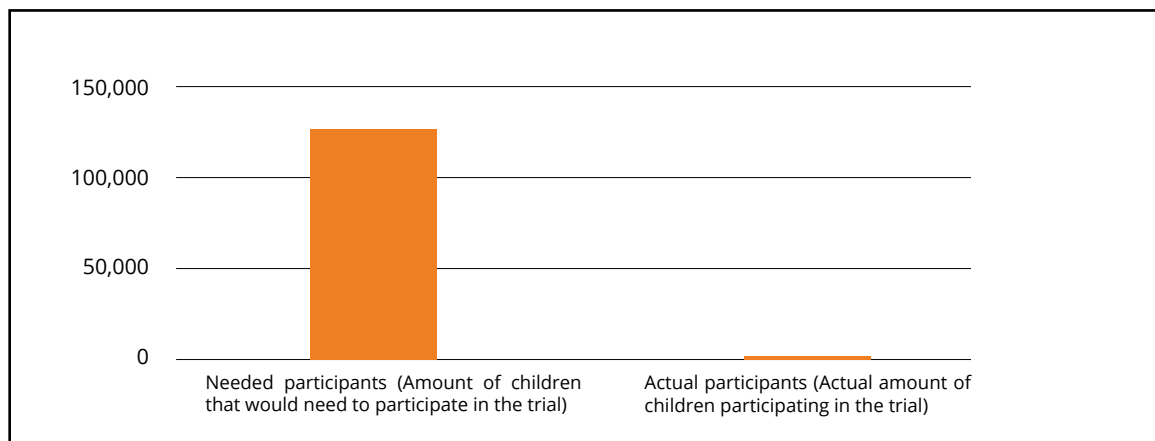


ASSUMPTION: The COVID-19 vaccine clinical trial was large enough to show safety in children.



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}



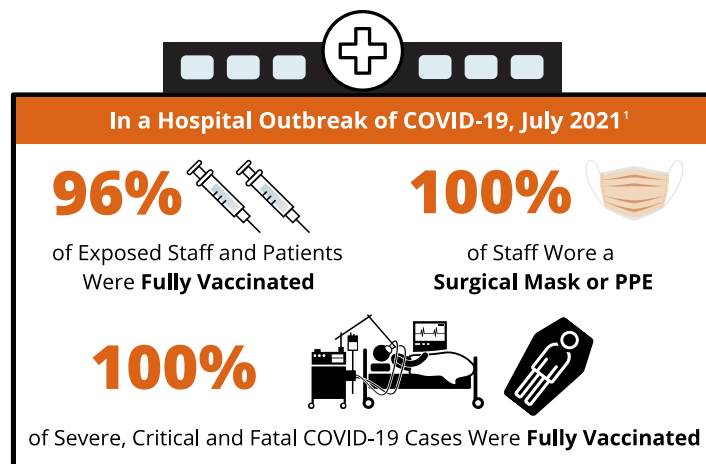
The Johnson & Johnson vaccine clinical trial found there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.



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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These statements are intended for informational purposes only and should not be construed as personal medical advice.



ASSUMPTION: The COVID-19 vaccines prevent death from COVID-19.

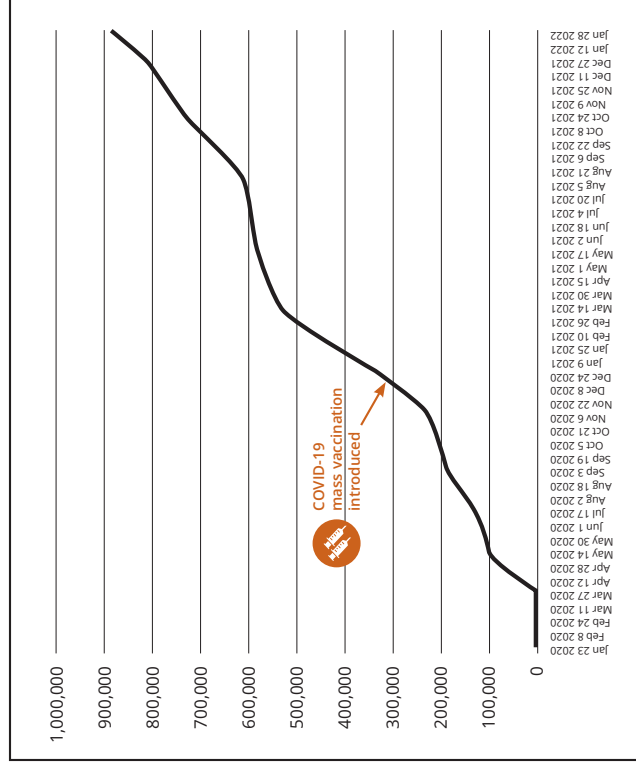


FACT:

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



This is a public service announcement from Physicians for Informed Consent, a 501(c)(3) nonprofit educational organization. Learn more here: physiciansforinformedconsent.org/covid-19-vaccines

P&C PHYSICIANS
FOR INFORMED
CONSENT

From: GEORGE DOANE
Sent: 3/2/2022 5:02:55 PM
To: DOH WSBOH
Cc:
Subject: No vaccine mandates

External Email

I implore you to stop the craziness and end the vaccine mandates
Sent from my iPhone

From: Barbara Mulvey Little
Sent: 3/4/2022 10:17:55 AM
To: DOH WSBOH
Cc:
Subject: no Covid shot requirements please



attachments\DC8035A8FC7A441A_Slide 16 FDA Oct 2020 meeting with CDC.JPG

attachments\447C8A85AAC5455F_Covid WHO injury chart.png

External Email

Dear board of health members:

Since TAG has recommend not to recommend requiring covid-19 shots for school children, I urge you to follow their recommendation because "...Members stated concerns about a lack of good data." This is in line with criteria 2 and 4 of your immunization criteria: 2. The vaccine containing this antigen is effective as measured by immunogenicity... and 4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.

This shot is NOT safe, it does not have an acceptable level of side effects, nor is it effective.

There is no good, long-term safety data because the shots are still experimental and data collection is incomplete. Plus, the VAERS system is showing great cause for concern: it has recorded over a million injuries and almost 30,000 deaths related to covid shots. The swine flu vaccine was pulled from the market when it killed only 50 people but these shots remain after thousands of deaths. Additionally, the WHO published a chart in November 2021 (attached) showing over 2 million adverse events (including death) for covid shots given in 2020-2021. And children are at a special risk of myocarditis (a disease that kills most victims within 7 years) and multisystem organ failure, as identified by the FDA in their October 2020 safety surveillance meeting discussing possible side effects (FDA presentation slide 16 also attached).

TAG members who supported recommending shots did so because they thought "TAG had an opportunity to help eradicate the virus." However, the even the CDC, Pfizer, J&J, and Moderna admit that the shots cannot stop the spread of the virus. The effectiveness wanes very quickly and the shots do not prevent anyone from getting the virus (and were never designed to do so).

Scientists both for shots and opposed to them call them "non-sterilizing" and "leaky" because they don't eradicate the virus. The virus is now endemic and can't be eradicated.

Therefore, there is only risk for children from these shots and no benefit since children are at negligible risk of injury even if they were to get the virus. Please do NOT put our children at risk.

Barbara Little

Spokane, WA

From: Carly Howarth
Sent: 3/3/2022 1:41:39 PM
To: DOH WSBOH
Cc:
Subject: I Support TAG Recommendation

External Email

Hello,

I would like to urge the SBOH to follow the recommendation of the TAG and NOT place the Covid 19 vaccine on the list of required vaccines for school and daycare entry in Washington state. It is high time you all listen to the voice of the people and consider the fallout of such a move. The amount of children in public school will continue to decline, and a very negligible amount of people will be swayed to inject their children. I think it's fair to say those who want the vaccine for their children have already gone out to get it. Stop believing you know what is best for our families and let parents make these life and death decisions. My children do not belong to the state.

Thank you,
Carly Howarth

Sent from my iPhone

From: Linda Hagan
Sent: 2/28/2022 9:24:16 PM
To: DOH WSBOH
Cc:
Subject: Leaked DoD Database Unveils U.S. Military Illnesses Skyrocketing Due to Covid
Jabs

External Email

Before you vote to mandate these experimental shots, know that they will increase the number of those who are forced to take the shots who will be disabled for life and those who will never breathe another breath on Earth again.

<https://www.naturalnews.com/2022-02-02-dod-database-military-illnesses-skyrocketing-covid-jabs.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naturalnews.com%2F2022-02-02-dod-database-military-illnesses-skyrocketing-covid-jabs.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C97ea9891df84428f2fef08d9fb43b105%7C11d0e>>

Christ is in our midst,
Linda Jeanne Hagan

From: LeeAnne Hudson
Sent: 3/2/2022 4:54:47 PM
To: DOH WSBOH
Cc:
Subject: March 9th Meeting Comments

External Email

Hello,

I'm writing in my comments for the March 9th meeting, specifically about the possible requirement of the covid-19 vaccine for school children.

I'd like to ask the Board of Health to vote no on requiring the covid-19 vaccine for school children.

This vaccine requirement seems less about safety (due to Pfizer's own studies about low efficacy rate compared to others) & more in the interest of opening the door for potentially biased blanket requirements of everything from requiring all new/existing vaccines to testing for contagious diseases before you can even go to school in person as student or teacher. The common sense red flags are all over the place. The covid-19 vaccine, as groundbreaking as it was, is just not good enough to be required before children can have access to school.

Children need LESS boundaries to enter educational facilities not more. Throughout our own state theatres, museums, libraries, educational events, gyms & independent art venues put all sorts of safety requirements on top of vaccine & testing hurdles before entry if they've even opened at all. Meanwhile streaming platform usage, junk food/fast food consumption & drug/alcohol abuse has skyrocketed because those are always available round the clock. It should be in reverse. Also children in school have 8 less hours online ingesting mental garbage & can also have a place to come if home life is less than pleasant. Please don't create another hurdle.

Children are less likely to have serious problems from covid because they aren't typically also obese, smokers, drinkers & have eaten processed foods full of chemicals for decades. If people of the United States, including children had better access to healthy food & exercise nearly half of covid hospitalizations could have been potentially prevented. That, to me, would be a better place to start if you're trying to prevent serious illness (covid, heart disease or otherwise) & much more widely supported across different demographics.

The covid-19 vaccine should continue to be free, accessible (especially in remote or low income areas without public transit) & have transparent testing results but it's not remotely on the same level as the polio or MMR vaccine for example & should not be regarded the same. Requiring the covid-19 vaccine at this time is not the right thing to do for several reasons.

Please vote no.

Thank you for your time.

Sincerely,

LeeAnne Williams

From: Tasha roughton
Sent: 2/28/2022 3:58:01 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: peggy boss
Sent: 3/4/2022 5:47:02 AM
To: DOH WSBOH
Cc:
Subject: C89319E3-0312-42EE-98C7-F5855C2CB790

External Email

Please ratify the TAG's recommendation against a mandate. There are numerous cases in which this experimental vaccine has altered people's health. We still do not know what the long-term effects are on our children, especially on their reproductive health. According to Ben Carson, pediatric neurosurgeon, this vaccine could harm our children's long-term health. Please ratify TAG's recommendation against the mandate.

From: Krystal Davis
Sent: 3/2/2022 5:42:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it may concern,

Making the COVID-19 vaccination a student required vaccination could result in devastation.

Studies (bias in my opinion) have stated the risks of the vaccine, outweighs the risk of COVID-19. However, the studies of the vaccine are new and not long term based, due to the time the vaccine has been released. Therefore, requiring the vaccination would be irresponsible and reckless while not having enough facts. This is one small reason out of many.

The word used above and in studies, 'outweighs', indicates there are risks on both sides. Anything that includes a risk should be on an individual, personal/family decision. Not one required or made for individuals/families. Especially when it comes to our children.

Sincerely,

Krystal Davis

Sent from my iPhone

From: Wendy Sue
Sent: 3/3/2022 3:11:08 PM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

I STRONGLY ,STRONGLY DISAGRE WITH JABBING ANY CHILD NO MATTER WHAT AGE THEY ARE. AS WELL AS JABBING ANY HUMAN. I have done my research & know what is in these BIOWEPPONS It's very important you enforce "MY BODY MY CHOICE. These children are innocent , there at our merry , it is our responsibility to protect them all.

Make sure You follow the recommendation of not Jabbing our children.

By the way STOP calling the shots" Vaccines" there BIO-WEAPONS ,INOCULATIONS.

Every time you use the word Vaccine you feed the narrative of the Deep State,(Kabal)

Keeping alive the evil . Go inside your soul & ask God, if you do that you will do right by these children MARCH 9TH...

DO THE RIGHT THING !! S A V E T H E C H I L D R E N ! ! ! !

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: LANI SMITH
Sent: 3/3/2022 2:54:39 PM
To: DOH WSBOH
Cc:
Subject: TAG's recommendation against a mandate

External Email

Please accept TAG's recommendation against a mandate. Thank you.

From: Robin Quinn Keehn
Sent: 3/4/2022 7:31:18 AM
To: DOH WSOB,Hisaw, Melanie (SOB)
Cc:
Subject: TAG Recommendation

External Email

To Whom it May Concern,

I am writing with regard to the recent recommendation of the Technical Advisory Group to not recommend that COVID-19 shots be required for daycare and K-12 students in Washington state.

I want to urge you to follow the recommendations made by TAG and not require the shots for the children of Washington State. Based on the very low death risks for young children and the potential adverse reactions to this experimental shot (which is only approved for emergency use), I am opposed to having it required for children.

Thank you very much.

Sincerely,

Robin Keehn

<https://www.designhill.com/uploads/data/email-signature-img/thumb_rvgomfkra4defunops2jj513i5_5d703c8247f7c_1567636610.png>
Robin Quinn Keehn

Founder

Quitting Culture

M: 360-477-0002

W: www.quittingculture.com

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

E: Robin@QuittingCulture.com <<mailto:Robin@QuittingCulture.com>>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Fhttps%3A

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fin%2Fhttps%3A%2F%2Fwww.keehn-13149912%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc194bb6ceccd46d972d108d9fdf3e45f%7C

<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fhttps%3A

From: Bob Aroyan
Sent: 3/3/2022 2:20:50 PM
To: DOH WSBOH
Cc:
Subject: Please Ratify TAG's Recommendations Regarding No Vaccine Mandates for K-12 Students

External Email

Bob Aroyan

From: Holly Dovich
Sent: 3/2/2022 9:24:14 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate in School

External Email

This vaccine is useless. It only allows for more risk with the long list of possible side effects. Yes, we read every single one of them. No, we do not want to risk any of them for an illness with a 99.8% survival rate. DO NOT MANDATE THIS VACCINE.

Holly

From: Abbey Garza
Sent: 3/3/2022 8:54:18 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Good evening,

As a wife, mother, and teacher in the Pasco School district I respectfully urge you to ratify the TAG's recommendation of adding the Covid 19 shot to the list of required vaccines for daycare and public schools.

Not only has this vaccine shown to not do what it was designed to but children are the lowest at risk to experience severe symptoms of Covid 19. On top of that, Pfizer released their cumulative analysis of post-authorization of adverse event reports where the list of "normal" adverse effects is 9 pages long. Some examples being congenital disorders, inflammation of the brain, autoimmune disorders, hepatitis, dermatitis and herpes. This is a very short list compared to the 9 pages from the 38 page report from Pfizer.

As a mom, I would rather my kids get Covid than any of the adverse effects listed in that paper. There is no reason for this, our children have suffered enough and will continue to if this is added to the already exhaustible list of vaccines.

Respectfully,

Abbey Garza
Pasco, Washington

Sent from my iPhone

From: Shira
Sent: 3/3/2022 10:20:10 PM
To: DOH WSBOH
Cc:
Subject: Subject: Covid Injections for School-Aged Kids.

External Email

To All Voting Members:

Our children have proven that they recover quickly and easily from COVID should they become infected. They are then blessed with Natural Immunity, which may even be lifelong!

The untested Emergency Authorized injections do not even make a claim to confer immunity! On the contrary, VAERS and other data in fact show a staggering number of adverse effects and even death from these experimental shots.

Clearly the risk-benefit indicates NOT to inject our children.

I am counting on you to vote against Covid Shots for School Kids on March 9th and under no circumstances to allow the Covid Shot to be mandated on kids.

Thank you,
Shira Nahari, Great-grandmother of 26

620 Roeder St. Apt. 1
Everson WA 98247

From: Esther Knutson
Sent: 3/3/2022 6:10:22 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

This email is to share my comments in regards to the Covid 19 shot. This shouldn't be required for children to attend school. I have read about many side affects that have been recently discovered in young children and teenagers There is still much we do not know about the possible side effects. In addition, there was a survey completed by the Mead school district and 70% of the parents did not want the vaccine for their children.

Please vote - No. This should be a decision by the parents if they want their children to receive this.

Once again please vote - No. We should not have only a handful of people (personal opinions) decide for millions of kids. This decision is for parent and children only.

Thank you!

Esther

Sent from Yahoo Mail on Android

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

From: Tereasa Weaver
Sent: 3/3/2022 2:55:09 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I am against the COVID-19 vax becoming a required

From: Testify Online Survey
Sent: 3/4/2022 7:21:06 AM
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 vaccine mandate

3.

Your Name:

Heather schaffer

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Parent of 3 deer park students

6.

Address:

506 e b st deer park wa 99006

7.

Email:

Tcp1984hs@gmail.com

8.

Phone Number (Include Area Code):

5098212124

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This vaccine is not needed for children. There are some serious side effects. This vaccine is not like a polio or measles vaccine which is proven to work and safe. This is yearly and with boosters. That I believe at this time are not even approved for children. They do not get as sick and don't need it. You are also about to lift the mask mandate but impose this? This shot also is not even effect against omicron and that's the one that has already started to die out. The children do not need this shot! I am not against vaccines. But I'm against one that is new experimental and proven not to be needed by school age children. I know most parents are against this and even talked about home schooling their children. Some have already chosen to home school. Do not mandate this vaccine.

From: Ed Chan
Sent: 3/2/2022 6:47:29 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

I need for a long email.

No mandates. My children will not attend public schools if that is passed.

Sent from my iPhone

From: Megan Schorr
Sent: 3/3/2022 4:41:55 PM
To: DOH WSBOH
Cc:
Subject: No vaccine mandates for school age children!

External Email

To whom it may concern,

I am in opposition to any mandates for school age children in order for them to attend school.

There is simply not enough evidence to support a jab for kids that benefits their health. In fact much of the recent data shows there is increasing risk for kids if they get the jab. There is a much higher risk of adverse events then if they just catch Covid 19 and develop natural immunity on their own.

We plan to take our kids out of school if a jab is mandated. I will not have bureaucrats telling me or my family that we have to inject our bodies with an experimental drug. In fact you should be ashamed of yourselves for even suggesting some absurdities.

Wake up, follow the science, not the political science.

Thanks,
Megan Schorr

From: Karen Shepard
Sent: 3/3/2022 6:13:30 PM
To: DOH WSBOH
Cc:
Subject: Childrens mandatory Covid vaccines

External Email

Dear BOH,

I am a resident Mother and Grandma who has watched in horror and disbelief as the people who are responsible for making policies concerning the health of our citizens have - for no logical or scientific reason, continuously pushed for masks, vaccines and testing, in spite of the mountains of evidence that we have now all seen - that show conclusively that these measures are terribly flawed at best.

It's common knowledge that the "vaccines" do not immunize OR stop transmission, and as the VAERS data continues to accumulate it has become ever more apparent that tremendous harm has already been done to people of all ages, from myocarditis to thrombosis, immunologic disorders, reproductive issues and death. Children are at the least risk, .02% and essentially gain no benefit by this "vaccination" program. The only beneficiaries are the Pharmaceutical companies and the tyrannical Leadership that seeks to control every detail of our lives. What happened to medical privacy? Who are the major stakeholders in our children's lives?

At some point in the near future, those responsible for recommending and implementing these policies will be held accountable. Not only is it reckless, there is no way - given the inability of anyone to know the long term effects, that children or adults can give "informed consent." It is illegal under the Constitution as well as international law, to force unwanted medical procedures on anyone. We should be protecting our kids, not using them as cash cows and cover for big Pharma.

You have no right or authority to mandate experimental drugs for children. Since there has been money involved as payment for schools and hospitals to promote and implement these policies, and since you are now putting yourselves in a position of continuing and colluding in this regard, - you may also be liable for bribery.

They say for everyone person who writes a letter, there are five hundred who agree. I personally know dozens of people who share my views on this matter and believe just as strongly or more so, that this is a gross criminal action on the part of the government and the departments that are meant to serve us. I strongly recommend that you decline to participate.

We the people do not consent.

Sincerely,
Karen Shepard

Sent from my iPhone

From: Marie Morgan
Sent: 3/4/2022 11:07:40 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern:

Please DO NOT require COVID-19 vaccinations in the state of Washington, especially in the schools. The vaccines DO NOT prevent illness or death, and they INCREASE harm with side effects. It is very clear that the CDC, FDA, and Biden Administration have not been forthcoming with data that has caused harm to millions of people. Like the flu vaccine, this should be a personal choice and not mandated.

We moved to Washington last year from Oregon hoping for better government representation and we are absolutely appalled by the documentation referring to "camps" and "health officers". We were going to move our businesses to Washington, and we are currently in the process of selling all of the lots we bought because we are so disgusted that we have to worry about our children being taken from their home, or the schools pressuring them into being vaccinated without parental consent, that we will not put down roots here.

We are broken-hearted that the grand majority of the state is not being represented or heard, and we sincerely hope that you chose to allow us the very little freedom we have left. Otherwise, we will be forced to leave our beloved PNW and take our votes and taxes with us.

Thank you,
Bret and Marie Morgan

From: Katrina Rice and Michael O'Neal
Sent: 3/3/2022 10:59:08 AM
To: DOH WSBOH
Cc:
Subject: Re: Mandates of Covid 19 shots

External Email

I will not support public schools that show no compassion for the individual's right to decide what is right for their own body. If these shots get mandated in schools and similar areas and the overstepping of governments is evident I will remove my child from the system. I am losing faith in your ability to provide my student with a proper education that prepares him to think and make his own decisions. It seems as if the young are only being taught to comply with the narrative and not question anything whether it involves vaccines, masks, or history. Just because you believe in these pharmaceutical companies and want to trust that they have your best interest in mind, doesn't mean you should force those beliefs on everyone else. Please consider that the documents regarding the trials are not expected to be seen in our lifetime because the FDA is so "transparent" they have been captured by the very corporations they are supposed to protect the people from. I believe in living a healthy lifestyle eating whole foods, and trusting in God who created my immune systems. I would never force my religion upon anyone and I deserve to be treated with respect for my individual beliefs just as anyone else who is an American citizen under the US constitution. Nobody knows what the long term effects of these experimental products will be, how could you sleep at night knowing that you mandated children, responsible for our next generations of life, to live as an experiment? How can you live with a decision that could have devastating effects which are not covered by any liability? Its not your decision, this decision involves risk so there needs to be choice. Don't enable the corruption of our government agencies by big pharma, stop the insanity, stop the tyranny, stand up for what Americans believe in FREEDOM!

Praying for our future,
Katrina Rice

From: Ingrid DeHaan
Sent: 3/3/2022 8:39:52 PM
To: DOH WSBOH
Cc:
Subject: Please say no to vaccines for children

External Email

☐

☐The Board of Health committee:

I want to respectfully ask you to do everything in your power to halt any approval of requiring a Covid-19 vaccine for children in day care and in grades K-12. There is no logical reason for this approval to go forward which can accurately be described as medical experimentation on our children.

I have an important question. What is the ethical and medical justification for the Covid-19 injection being given to children of any age? We know that, as a group, children statistically have a close to 0% percent chance of dying from Covid-19. According to CDC published statistics, 99.99815% of children survive a covid illness. We know that it is extremely rare for them to be hospitalized for this illness. We know that the Covid injections cannot be relied upon to prevent transmission. We also know that there are thousands of reports of injuries and deaths from these injections in the VAERS system including injuries and deaths of children. There are 2,022 adverse events reported to VAERS for children as of Feb. 4, 2022. Many experts believe that VAERS statistically represents only a small amount of the actual adverse events and deaths. Maddie De Garay, of Ohio, one of the participants in a Pfizer's children's trial of the injection, who was twelve at the time of her injection, is now using both a wheelchair and a feeding tube. She was a healthy child before participating in the trial.

In addition, a recent study released on Feb. 28th came to this conclusion:

"In the Omicron era, the effectiveness against cases of BNT162b2 declined rapidly for children, particularly those 5-11 years. However, vaccination of children 5-11 years was protective against severe disease and is recommended."

<https://childrenshealthdefense.org/defender/pfizer-vaccine-only-12-percent-effective-kids-5-to-11/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/pfizer-vaccine-only-12-percent-effective-kids-5-to-11%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a1d0e30aaf44c660aa108d9fd98fac1%7C11d0e2>>

The study goes on:

"The rate of new COVID cases in the unvaccinated group was 70 per 100,000 children per week compared to 62 per 100,000 per week.

This means that 12,500 children would need to be vaccinated to prevent a single, non-severe COVID-19 infection."

I beg you to use your influence and power to protect our precious children from what we all know is medical experimentation that can and already has caused grievous harm to children including death.

I will continue to follow this extremely important issue very closely.

Thank you,

Ingrid DeHaan

Maple Valley, WA

From: Kim Einarson
Sent: 3/4/2022 10:59:12 AM
To: DOH WSBOH
Cc:
Subject: Comments on upcoming Agenda March 9th.

External Email

I see on the Agenda for possible Action:

Chapter 246-105 WAC, Immunization
Criteria, Child Care and School Entry

I would ask that you please follow the science and TAG group recommendation and NOT make Covid Vaccines a requirement.

Thank you.

Kim

From: T Cheney
Sent: 2/28/2022 5:49:09 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: jrushspeech
Sent: 3/2/2022 3:46:51 PM
To: DOH WSBOH
Cc:
Subject: No mandate for K to 12

External Email

With all due respect, as a public school speech pathologist for over 40 years I cannot fathom three things about this whole discussion of a vaxx mandate:

1. Taking the decision over something as sensitive as a child's health away from the parent(s) and FORCING an EMERGENCY USE AUTHORIZED medication on students universally.
2. Poor results for this age group as reported by the CDC/FDA
3. This age group is NOT at any greater risk from the Covid19 virus than they are from the annual flu and all the viruses so commonly found in our classrooms.

And finally, if universal vaccination is required parents will continue to flee from in-person, public school education. Hardly something that OSPI or the teachers union would want. At least that is my optimistic hope. If not, why do we do what we do if not for the good of our STUDENTS AND THEIR FAMILIES???

Respectfully

Jan M. Rush, SLP
Kalama, WA

Sent from my Verizon, Samsung Galaxy smartphone

From: Daniel Forsman
Sent: 3/4/2022 8:01:18 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Hello! This issue is simple to me. My children are not your science experiment! The potential harm of this experimental vaccine far outweighs any potential benefits to young children! We all know people that have been affected by this vaccine. We also know people that are still getting Covid with the vaccine. We are 100% opposed to requiring the Covid Vaccine for schools!

Thank you!

Dan and Sarah Forsman

Sent from my iPhone

From: Leslie DeBoer
Sent: 2/28/2022 5:36:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Jennifer Livermore
Sent: 3/4/2022 8:17:07 AM
To: Hisaw, Melanie (SBOH),DOH WSBOH
Cc:
Subject: VAX mandate for kids

External Email

To Whom it May Concern,

I am writing with regard to the recent recommendation of the Technical Advisory Group to not recommend that COVID-19 shots be required for daycare and K-12 students in Washington state. I want to urge you to follow the recommendations made by TAG and not require the shots for the children of Washington State.

Based on the very low death risks for young children and the potential adverse reactions to this experimental shot (which is only approved for emergency use), I am opposed to having it required for children.

Thank you very much.

Sincerely, Jennifer Livermore

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: Laurie Skouge
Sent: 2/28/2022 5:28:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please stop even talking about mandating or any laws about the vaccines, the mask and all this ridiculousness. The mask dont work, the vaccines are worthless. Can you not see this with your own eyes. Do you not have a social life friends or family? If you would pay attention you would see the people wearing mask, getting the vaccine, and then getting or spreading covid. It makes no difference.

Sent from my T-Mobile 4G LTE Device

Get Outlook for Android

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

From: Denise Carpenter
Sent: 3/3/2022 7:12:04 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandates for children

External Email

Please ratify TAG's recommendations that mandates not be required for children in public schools.

Respectfully,

Denise Carpenter
Des Moines, WA

From: Jocelyn Elderkin
Sent: 3/4/2022 11:10:28 AM
To: DOH WSBOH
Cc:
Subject: We say NO to mandating Covid-19 vaccine for children in school!

External Email

WSBOH,

We DO NOT support the mandating of a vaccine for children to attend school that has no long term data. It is NOT ok to push a vaccination requirement based on limited data.

After two years of Covid being around it is evident that Covid-19 is NOT dangerous to 99% of children (and the majority of the population under age 60).

And it is NOT ok to ignore natural immunity.

Please seriously consider the implications of your choice, and how your decision will impact the health of the children.

Please vote NO to mandating the Covid-19 vaccine.

We will be watching the meeting on the 9th with fellow Washington state parents.

From: Geri Rubano
Sent: 3/2/2022 4:06:06 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine

External Email

Please, please do not mandate the Covid vaccine for children to attend schools. These vaccines come with hundreds of adverse effects. Please, our children have experienced enough trauma.

Thank you,

Geri Rubano

Sent from my iPhone

From: Maureen Hurst
Sent: 3/4/2022 11:19:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Do not require children to be vaccinated especially now when the FDA is required by court order to release the Pfizer data. This release of critical information withheld from parents and the medical community will continue for weeks. There are serious generic, cardio and infection risk concerns with these experimental and unapproved vaccines. Lawsuits are anticipates.

Save the children. Save free medical decisions made by parents and their doctors.

"FDA begins court-mandated release of thousands of pages on Pfizer's Covid-19 vaccine review

Zachary Brennan
Senior Editor

A court loss for the FDA in a Texas district court means the agency on Tuesday began to release a massive trove of hundreds of thousands of documents related to its review of Pfizer's safe and effective Covid-19 vaccine.

But what exactly will be uncovered in each batch of released documents is anyone's guess.

The nonprofit that won the court case, known as the Public Health and Medical Professionals for Transparency, promptly released the Pfizer documents on its website this week but did not offer any sort of organization or explanation of what they show."

From: Robert Holte
Sent: 3/2/2022 11:36:40 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

I urge you to accept the TAGs recommendation and choose to NOT mandate covid vaccines on our children. Our state government should NOT be mandating Covid vaccines on our children. They are at extremely low risk for Covid and these medical decisions should be left in the hands of parents and their family doctors.

Sincerely,

The Citizens of Washington State

From: Kathy Egbert
Sent: 3/3/2022 2:48:15 PM
To: DOH WSBOH
Cc:
Subject: Do NOT mandate the COVID 19 shots for our children/students

External Email

I URGE all members of WA ST BOH to ratify the TAG's recommendation against a Covid 19 shot mandate for all preschool and K-12 students.

So many of our children have natural immunity already and it is this age group that is least likely to suffer hospitalization/death from Covid 19. In addition, if you are truly following the science and the VAERS reporting system, our children are more at risk from these shots than they are from getting the infection. Look at the numbers.

Also, there are very, very effective treatments available that do not carry the very real possibility of "vaccine" injury/death that come with the jab.

I have to respectfully disagree with Tao Kwan-Gett when he says that the biggest threat to our liberty is the virus itself. Seriously?! This virus is not even close to the top of that list.

Thank you for listening.

Kathy Egbert
KathyEgbert15@gmail.com <mailto:KathyEgbert15@gmail.com>

Abraham Lincoln once said, "America will never be destroyed from outside. If we falter and lose our freedoms, it will be because we destroyed ourselves."

Freedom is never more than one generation away from extinction. We don't pass it on to our children in our blood. It must be fought for, protected and handed to them by our example or one day we will spend our sunset years telling our children and our children's children what it was once like in the United States when men were free. Ronald Reagan

From: Jill Ford
Sent: 3/3/2022 7:31:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello, my name is Jill Ford and I am a resident of Washington state. In fact I have lived in Washington state all my life which is a good 40 years! I have never been so appalled as I am with some of these proposed WACS regarding the possible mandatory immunization of the COVID-19 vaccine in public/ private / daycare schools. I have many reasons why not and first and foremost is it is not truly a vaccine. This "vaccine" does not have prolonged efficacy, it is not authorized fully by the FDA, and it has not stopped people from getting Covid nor contracting Covid. I work in the healthcare field and have seen the ineffectiveness of this vaccine first hand. In our last covid outbreak 75% of our population who contracted Covid were vaccinated -fully. There were very little unvaccinated that contracted Covid during that outbreak- And the ones that did, had little to no symptoms no hospitalizations and no deaths. In both populations - unvaccinated and vaccinated there was few symptoms. Delta was the same way! In fact, I saw more struggle recovering with the vaccinated clients. So this brings me to the opposition of WAC 246-100-070. There is no way in this free America that we live in, anybody has the right to detain someone due to this virus. Since the vaccinated and the unvaccinated contract at the same this would be not a fair assessment. Jay Inslee spoke about this particular "rumor" a couple of months ago and told the public that there would be no such thing as detainment camps/ taking "unvaccinated" WA residents from their homes, however this proposed WAC surely sounds like this!

I strongly encourage you to strike down both the WAC 246-100-070 and the proposal of covid 19 "vaccinations" on our children's immunization list.

Frankly I am tired of stressing out all the time about my families personal freedom of choice and would like to get back to normal, enjoy my life and family. This vaccine is not proving to be worth mandating or hauling people unwillingly away to a detainment facility when the vaccine status and the survival rate of a covid show absolutely NO reason to do so.

Thank you,
Jill Ford 509-990-6807

Sent from my iPhone

From: anne moses
Sent: 3/4/2022 10:08:08 AM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

Dear:
Keith Grellner, Tom Pendergrass, Patty Hayes, Elizabeth Crawford, Temple Lentz, Fran Besserman, Bob Lutz and Umair Shah,

I am a mother of a daughter who studies at a Tacoma Public School.
Please ratify the TAG recommendation to NOT recommend the Covid-19 shots for school children. There are harmful side effects to the experimental mRNA shots. I tutor math to a teen girl who developed POTS (postural orthodontic tachycardia syndrome) after her first Pfizer injection. See the Vaccine Adverse Events Reporting System for more adverse reactions to the C19 shots. Also, please note that the injections do not prevent the spread of the virus.

Thank you and God Bless you!

Anne Moses

From: MARK FLETCHER
Sent: 3/2/2022 8:37:34 PM
To: DOH WSBOH
Cc:
Subject: recommendation to ratify the TAG's guidance against a mandate

External Email

As a parent and grandparent I would strongly encourage you to ratify your TAG's recommendation against mandating Covid shots to our children. They are unnecessary, not effective and we still don't have the data back on long term effects. The risks greatly out way the benefits. Our kids are not your Guinea pigs. Leave them alone.

Sent from my iPhone

From: khoffice13@gmail.com
Sent: 3/3/2022 5:37:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment 3/9/2022

External Email

☐ To Whom It May Concern,

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

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

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

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

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

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

Sincerely,

Heidi von Olnhausen

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

Sent from my iPhone

From: Testify Online Survey
Sent: 3/4/2022 11:31:57 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/2022

2.

Agenda Item or Issue:

Forced shots

3.

Your Name:

Lisa Carey

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6607 94th Street Ct NW Gig Harbor, WA 98332

7.

Email:

Mrs_rookie@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

From: Mary Menard
Sent: 3/3/2022 9:43:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hopefully you have all seen the recent studies released by New York state health officials which determined that the vaccine for children is only 12 percent effective. That fact alone should cause us all to realize that vaccinating children between 5-11 years, is not beneficial, much less mandating it. Mary Menard

Sent from my iPhone

From: Testify Online Survey
Sent: 3/4/2022 11:58:31 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid 19 quarantine and school vaccines

3.

Your Name:

Tamika Dean

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

Covid 19 quarantine & vaccines school requirements.

11.

Are you Pro or Con on the proposal?

2. Con

My children have a choice in my home just as they should you don't have the right to take away my parenting rights. No to Isolation and no to mandated covid 19 vaccines.

From: j
Sent: 3/2/2022 3:16:26 PM
To: chris.reykdal@k12.wa
Cc:
Subject: WHY ALL VACCINE MANDATES SHOULD END.....please read my testimony

External Email

Dear Superintendent,

As a former teacher, R.N. and School Nurse serving several large (1400 students) schools from 1990-2005 over the 15 years I, as well as other teachers, principals and especially special education teachers, observed an obvious decline in student health. Autism in particular went from almost never seen (statistically 1 per 10,000 children to 1 per 45) and more children with severe Attention Deficit, severe allergies and learning disabilities etc. None of us observing this new phenomenon could understand ...WHY??? The obvious seemed to be the rapid increase in number and types of vaccines but NO! we were told by doctors and those presenting at conferences that these gross changes in children were purely genetic. It wasn't until I retired that I had the 'time' to really DIG and INVESTIGATE. What I found which many may label as 'conspiracy' theories are indeed FACTS!! FACTS of a TRUE BIG PHARMA CONSPIRACY!!

I know each one of us has been 'birthed' by Creator out of love and we, therefore, ARE that LOVE! Each of us are immortal souls made of pure love. I KNOW your heart is full of compassion and all you ever wanted was to help children be the best and happiest they could be. So.....I am NOT judging what has happened by mandating vaccinations.....we were all BLINDED by the greed of the profiteering Big Pharma which has 'captured' so many in our Congress and governmental agencies like CDC, NIH, FDA etc. Here are the FACTS:

1) When a doctor first discovered that the MMR looked like mercury poisoning which effects the sheath around nerve cells of the brain....thimerasol was discovered in vaccines, A FORM OF POISONOUS MERCURY! At that time (1980's) 40,000 pediatricians petitioned the producer (Merck) to cease its use...which was solely as a preservative. Merck REFUSED!!.(although the company removed it from their veterinary' vaccines!!)

2) FACT: U.S. CONGRESS is CAPTURED! .Big Pharma is now the largest lobby in Congressplease, let that FACT ;sink in'! In 1986, the vaccine producers (Big Pharma) had their 'captured and unethical' Congressmen pass legislation to remove all liability from the vaccine drug companies and further create a Federal Vaccine Drug Court for complaints. Any and all complaints and settlements (the top amount given out, even for death would be only \$10,000) would go to that court. That court has PAID OUT OVER 4.5 BILLION since 1986....(our tax dollars!) Parents, by federal law, can NOT sue their doctor or drug company for any amount!!! They must hire a lawyer and go to the Federal Vaccine Drug Court....and receive, if any, small settlements.

Highly respected Robert Kennedy Jr. who left his cause against the 'water polluters' to investigate vaccine safety can NOT even get a CONGRESSIONAL HEARING ON VACCINE SAFETY!! A few years ago, he asked me if I could help get a Congressmen to demand one. WE COULDN'T find a single Congress person to request a hearing on vaccine safety.....not one! To me it was becoming obvious.....the Congressmen do NOT want to lose their Big Pharma campaign funds!!!!!! YIKES... POWER DOES CORRUPT...ABSOLUTELY IT DOES! [Perhaps, this would NOT be a problem if we had not removed TERM LIMITS....afterall, with having term limits a Congressman wouldn't have to 'worry' about funds (from Big Pharma) for their reelection. Thousands upon thousands of children have died or been permanently injured by the vaccine agenda!!! Do your own research on this ...PLEASE!!!]

3) Also in 1986 during the Ronald Regan admin., the federal gov. was then given the DUTY to test all vaccines for safety.....WHICH HAS NOT/NEVER HAPPENED!!! The FDA and CDC do NOT test!! The drug companies do their own testing?!!?!!?!!Vaccine Manufacturing Drug Companies, who since 1986 HAVE NO REASON to comply since they are not HELD ACCOUNTABLE IN ANY WAY!!! WE the taxpayers have paid out 4B in 'awards' for vaccine injury since the Federal Drug Court was formed in 1986!!! PLEASE....just let that 'sink in'!

Also, did you know that a head of a vaccine drug company, under 'oath' in a court of law once stated he "did NOT allow his own children to have any vaccines"!!!!? Please....let THAT FACT 'sink in'.

4) FACT...the CDC is a 'captured' agency!! A WHISTLEBLOWER in CDC has revealed that the CDC actually FALSIFIED their own study to negate the negative effects of the MMR vaccines AND PUBLISHED IT IN THE PEDIATRIC JOURNAL which, of course, fraudulently MISLED all pediatricians to believe that the MMR vaccine was safe!!!

5) The Drug companies determine the vaccine schedules.....not independent doctors and scientists!!!!!! Let THAT FACT 'sink in' Isn't that like the rooster in the hen house! Of course, since they are profit motivated they will increase vaccines to increase their profits....which at the time I retired was about 60B per company!!!! It was becoming now obvious to me that.....

BIG PHARMA has placed OUR CHILDREN on their ALTAR OF PROFITS!!!!

6) FACT...FDA is a captured agency. Just look at the thousands of deaths from side effects of BIG PHARMA drugs.. Over HALF of FDA approved drugs have been RECALLED!!! FACTS show TRUTH!!! CDC and FDA do NOT protect the public, but both are in the pocket of BIG PHARMA (the very companies they are to regulate) ; companies which want the public sick and NEEDING their drugs. BE AWARE that.....so many, many drugs are purposefully engineered to be 'addictive' AND have side effects which need FURTHER DRUGS! I have heard people in the industry swear this 'engineering for addiction and need for addition drugs for side effects of drugs' is indeed happening!!

7) BIG PHARMA owns the mainstream media. It is OBVIOUS...in OUR FACES!! What are the ads in the news broadcasts? DRUG ADS!! Not one MSM outlet will allow ANY criticism of BIG PHARMA....afterall, drug ads are their 'bread and butter'!!!! Robert Kennedy Jr. told me he CANNOT get on any MSM TV or even be allowed to publish an article in any MSM newspaper!! (Except for one short interview on Tucker Carlson years ago....(Tucker Carlson has a 'contract' with Fox News that he/himself is totally in charge of his show's content.)

8) The AMA and MD's are CAPTURED TOO??!! This is the most painful discovery I made. The history of the AMA revealed to me how natural medications were 'vilified' and only patented drug therapies were allowed certification. My nursing education was based on the 'directive' of those promoting healing ONLY through patented drugs.....not natural substances or life style changes. Sadly, I have come to understand that vaccines are a 'manufactured' HOAX...manufactured solely for profits and 'control' of the population . At the present time there are many, many, many professional doctors and nurses awakening to this horrible TRUTH! At present a schism is occurring within the AMA as MDs are 'awakening' as I am. Were you aware of this? Were you aware that 700,000 doctors, nurses, pharmacists and scientists last year sent a petition to the President and Secretary of Health to immediately STOP the VACCINES!! Many MD's were threatened by the AMA and some had licenses removed for NOT giving the mandatory school required vaccines! Imprisonment and loss of licenses were threatened. Some lost their practices!! FACT: Vaccines are \$200,00 - \$300,000 of a pediatrician or family doctor's income!!! It

takes courage, I guess. to give up that great amount of income....even if children are injured!!!?????

My dear representative with a compassionate heart to help children.....WE HAVE BEEN HAD!!!! We are all guilty of being naive and too trusting of 'authority'! Ignorance is NOT BLISS.....the consequence of our ignorance is UPON OUR CHILDREN!!! May GOD forgive us!!

Since you, not I, are in authority.....please MOVE QUICKLY and STOP all VACCINE MANDATES.including MASK MANDATES.

P.S. In regard to the MASK MANDATE: We are fragile organic human beings who 'need to breathe'.....oxygen in...carbon dioxide out. This is not only necessary but VITAL for LIFE. CHILDREN NEED OXYGEN TO GROW BRAINS AND HEALTHY BODIES.....the masks are HARMFUL!!!! AND...MASKING lowers the immune system by 17-25%, depending on the studies I have read.
Frankly, any one with half a brain,(you don't need a nurse, doctor, scientist to tell us this).....MASKING IS AN OBVIOUS GROSS ERROR!!!!!!!!!!!!!!!!!!!!!!

In closing....PLEASE take the days off needed to fully EDUCATE YOURSELF about the TRUTH of BIG PHARMA Vaccines.

I love all grandly, Mary Hath Spokane/Abramson, retired R.N. School Nurse
mehath1@aol.com 360-955-1653

Here are some resources I found of great value:

Children's Health Defense • Help Children's Health Defense and RFK, Jr. end the epidemic of poor health plaguing our children. (childrenshealthdefense.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11c>

Vaxxed: From Cover-Up to Catastrophe (2016) - IMDb

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.imdb.com%2Ftitle%2Ftt5556742%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11c>

Home | America's Frontline Doctors (americasfrontlinedoctors.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11c>

Over 1000 peer reviewed studies that show the Covid vaccines are lethal::

Covid Vaccine Scientific Proof Lethal – SUN (saveusnow.org.uk)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.saveusnow.org.uk%2F covid-vaccine-scientific-proof-lethal%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11c>

Letter to the Washington State Board of Health (substack.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fletter-to-the-washington-state-board&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11d0e2>

Critically Thinking with Dr. T and Dr. P Episode 75 - 5 Docs - Dec 30 2021 (rumble.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvideo/critically-thinking-with-dr.-t-and-dr.-p-episode-75-5-docs-dec-30-2021.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78adc32034154eb6ba2808d9fca27966%7C11d0e2>

From: Ida Hightower
Sent: 3/3/2022 5:07:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good afternoon,

Please do not mandate our Washington children to have to take a vaccine without phase 3 trial and approval.

Emergency use authorization does not give you the right to mandate an investigational medication to our children.

Even one child harmed in the trial process is enough to say NO! I know of several on the VEARS website that are now permanently disabled.

Statistically children have been able to fight the COVID virus with their own immune system over the last two years!

You will all be held responsible for every Washington Child made to take this experimental vaccine and has any adverse reaction at all.

Please consider all the information, good and bad before making this horrible decision.

Thank you,

Ida Hightower
206-830-8648

Get Outlook for Android

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

From: Monica Hammerquist
Sent: 3/2/2022 6:59:43 PM
To: DOH WSOH
Cc:
Subject: Vaccine mandate recommendation

External Email

Hello,

I'm writing to ask that you please ratify the Technical Advisory Groups recommendation NOT to mandate vaccines for school children.

Not only does this vaccine NOT prevent the spread of Covid (which makes the idea of using it to support herd immunity completely irrelevant) but also the Covid 19 vaccine has been proven to be ineffective to children. Covid 19 itself has also been scientifically proven to be much less harmful to our younger generations, again making the mandate of the vaccine a completely useless idea. Our family has multiple medical reasons for our Dr.s to advise us against receiving the vaccine, but we do not qualify for a medical exemption based on the criteria set forth by agencies that are not even qualified to make medical decisions! If this vaccine is mandated I will have no choice but to unenroll and homeschool my children, in order to protect their health.

American people should NEVER have to choose between our health and our ability to utilize the freedoms granted to us by the US constitution. Furthermore, medications/ treatments that utilize aborted fetal cells in their production go against my deeply held religious belief and even if we didn't have a medical history that prevented us from safely receiving this vaccine, we , and every other American citizen, shouldn't ever have to compromise our religious beliefs and practices to participate in a free society.

Thanks for your consideration

Monica Hammerquist

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:42 AM
To: DOH WSBOH
Cc:
Subject: FW: I SAY No

From: Amber Cantu <ambercantu1980@gmail.com>
Sent: Tuesday, January 11, 2022 4:28 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: I SAY No

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105

Sent from my iPhone

From: Cynthia Ives

Sent: 3/4/2022 11:59:16 AM

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

Cc:

Subject: Support TAG recommendation

External Email

Good Afternoon Washington State Board of Health members,

I am writing to show my support for the vote of the TAG for NOT recommending the covid shot to be on the list of required immunizations for school attendance. I, along with thousands of other parents in this state, do not believe this should be a requirement.

It is available to anyone who wants it. Anyone that feels it's necessary for themselves or their family are welcome to get it. It is known that it is not preventing transmission like other vaccines do. It is still unclear how many or how often the covid vaccine would need to be administered. I am not willing to put this into my body or my children's body for any reason. There have been hundreds of workers forced to choose between a paycheck to support their family or this shot. If we can't recognize how wrong that is, we have a serious problem. Especially now, since mandates are lifting and many employees were coerced into getting it, now they have a chemical in their body they didn't want and they can't take it out. I know many people that got the covid vaccine for themselves but will not get it for their kids. There will be mass unenrollment from schools.

We've hit a pivotal point in America- We will make the choices for our families, we don't need the govt and their varying agencies to dictate every aspect of our daily lives. As a parent, the govt is stepping on my toes and preventing me from doing my job. I will not seek an exemption of any sort, the answer is no. My children will be unenrolled from school. If private schools become required to enforce this or if homeschool comes under attack- we will be forced out of this state. And I will gladly take my family to a place that respects individual choice and bodily autonomy and true informed consent.

In closing, I urge you to uphold the TAG recommendation to VOTE NO on requiring the covid vaccine for school attendance.

Thank you for your time,

Cynthia Ives
Kennewick, WA
Mother of 2 school-aged children

From: Katrina Crilly
Sent: 3/2/2022 7:44:32 PM
To: DOH WSBOH
Cc:
Subject: No mandate for schools

External Email

Hello,

I'm writing to ask that you please ratify the Technical Advisory Groups recommendation NOT to mandate vaccines for school children.

Not only does this vaccine NOT prevent the spread of Covid (which makes the idea of using it to support herd immunity completely irrelevant) but also the Covid 19 vaccine has been proven to be ineffective to children. Covid 19 itself has also been scientifically proven to be much less harmful to our younger generations, again making the mandate of the vaccine a completely useless idea. If this vaccine is mandated I will have no choice but to unenroll and homeschool my children, in order to protect their health.

American people should NEVER have to choose between our health and our ability to utilize the freedoms granted to us by the US constitution. Furthermore, medications/ treatments that utilize aborted fetal cells in their production go against my deeply held religious belief and even if we didn't have a medical history that prevented us from safely receiving this vaccine, we , and every other American citizen, shouldn't ever have to compromise our religious beliefs and practices to participate in a free society.

Thanks for your consideration.

Katrina Crilly

Sent from iPhone

From: Rayes Flores
Sent: 3/1/2022 6:15:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

I urge you to accept the TAGs recommendation and choose to NOT mandate covid vaccines on our children. Our state government should NOT be mandating Covid vaccines on our children. They are at extremely low risk for Covid and these medical decisions should be left in the hands of parents and their family doctors.

Sincerely,

The Citizens of Washington State

From: Beth Martin
Sent: 3/4/2022 8:23:54 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine for Day Care and School

External Email

Dear Board of Directors,

I am writing to you today as a parent of elementary children, asking you to please ratify the recommendation from the TAG against mandating the COVID-19 vaccine for children. This group was chosen given their expertise and they have concluded that a mandate is not in the best interest of children given known and unknown side effects, parental choice, and a desire from the majority of Washingtonians to not require this for day care and elementary education. Recent data showing the low efficacy of this vaccine in a real world situation strengths the position that this mandate is not needed.

As a parent, I am asking that you give parents authority over medical decisions for their children when it comes to the COVID-19 vaccine. We do not have a health emergency for children with C19 and per the discussions during the approval process, this vaccine is a healthy choice for some but not all. There are currently no adequate long term studies on mRNA vaccines and we know there are risks for myocarditis and pericarditis. Parents working in conjunction with their pediatricians is where this decision should be made, not at the state level for all kids. It is not a one size fits all solution.

Thank you,

Beth Martin
Seattle, WA

From: Darleen Christopher
Sent: 3/4/2022 9:35:32 AM
To: DOH WSBOH,Seattle Public Schools
Cc:
Subject: Photo from Twitter



attachments\443B1A639E874371_Image-1.png

External Email

Sent from my iPhone

From: whiskyridge@gmail.com
Sent: 3/3/2022 8:13:57 AM
To: DOH WSBOH
Cc:
Subject: Do NOT force COVID vaccinations on children!

External Email

https://www.theepochtimes.com/the-truth-is-coming-out-about-covid-deaths_4309806.html?utm_source=ai&utm_medium=search
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fthe-truth-is-coming-out-about-covid-deaths_4309806.html%3Futm_source%3Dai%26utm_medium%3Dsearch&data=04%7C01%7Cwsboh%40>

From: Erika Clough
Sent: 2/28/2022 7:05:57 PM
To: DOH WSBOH
Cc:
Subject: Conclusion of TAG - Next Board Meeting

External Email

At the conclusion of the final TAG meeting on February 24th, there was a comment made that the reason the votes were split was because of public "outrage". While I agree that it has been made clear that the general public and parents do not approve of making this mandatory (by 67-74% majority), based on my observations of the final TAG meeting, there were a few other reasons that I believe the majority of TAG members shifted their final position to not include, or state they are unsure about putting the Covid-19 vaccines on the schedule for school children:

- 1.) It was not clear from the evidence that it was indeed cost effective long-term from a societal perspective. It was stated several times by the presenter that there were a lot of unknowns and assumptions in the modeling.
- 2.) Those representing the education system, made it very clear that it would impose a significant burden to the education system and their purpose of keeping their focus on equitable education rather than chasing and tracking vaccine records or exemptions for all 12 grades. (Also, I noted there was little discussion on the fact that so far the vaccines wane in effectiveness, so this could mean recording booster updates multiple times per school year if that remains the case.)
- 3.) Expanding on my second point, the data showed that imposing this requirement would change the decision making of only a small percentage of parents. That indicator would also lead one to conclude that the burdens to the school districts would absolutely be magnified by the processing of exemption paperwork or school withdrawals, also creating a disparity in equitable outcomes for providing public education.

When evaluating the criteria 7, about whether "the vaccine containing this antigen is acceptable to the medical community and the public" we see a huge disagreement between acceptable to the medical community vs. acceptable to the public. On the Summary slides in the public record presentation for criteria 7, there was a statement shown that was skipped over and not discussed, which stated "some providers and public health experts believe it is too soon to require the Covid-19 vaccine in kids." I don't understand why there was no expansion of discussion about the varying opinions of medical experts.

I am aware that there is a divergence of opinion even among health experts, that is visible to the public, which was clearly downplayed during the TAG meeting. The emphasis instead fell to the side of healthcare professional organizations that are in favor, such as the Washington State Medical Association and the American Association of Pediatrics. Oftentimes, healthcare professional organizations operate on funding from pharmaceutical companies, so we must use scrutiny in our weight of this, knowing that there are financial incentives for those organizations to take the side of pharmaceutical profiteers in their position, a bias towards financial motivations over scientific or humanity concerns.

Within the last week, we have seen the New York Times state that the CDC has withheld information that may have shifted the perspectives of medical boards and agencies. The CDC admits they did so to avoid "vaccine hesitancy." Some have used the terms "scientific fraud" in how the CDC has handled the presentation of information to health

boards and the public. Many are also aware that Pfizer tried to block the release of its Covid-19 vaccine data asking the courts for 75 years. That is unconscionable, as most of us will have passed on by then, and can only lead the public to conclude that they have something to hide. Hopefully in the coming months, under court order to release 55K pages per month, we will all begin to understand what that is.

Lastly, I would like to again bring up adequate nutrition and supplementation, not as a cure, but as a prevention measure in a "swiss cheese model" that helps to reduce comorbidities in the overall population as well as severe outcomes when encountering any viral illness. There are many studies that do show nutrient deficiencies associated with severe Covid-19 outcomes. For example, the American Journal of Clinical Nutrition reported a 2020 study, Association between regional Selenium status and reported outcome of Covid-19 cases in China, and the findings indicated a 3-fold risk of severe Covid-19 outcomes and a 5-fold higher risk of death in patients with Selenium deficiency. The International Journal of Infectious Diseases reported a 2020 study, Covid-19: Poor outcomes in patients with Zinc deficiency, indicating Covid-19 patients have significantly lower levels of Zinc compared to healthy control groups and that Zinc deficiency doubles the risk of a poor Covid-19 outcome, lengthening the hospital stay by 2 days. That's just two studies from a significant amount of Covid-19 research about nutritional deficiencies that can be found if one chooses to look for it in the literature. I have also seen several articles over the last year that indicate a significant majority, around $\frac{3}{4}$ of patients hospitalized with Covid-19, had sub-optimal levels of Vitamin-D. In light of evidence that is indeed available about nutrient deficiencies and poor Covid-19 outcomes, I have a difficult time hearing a blanket statement from a medical professional that supplements do not help.

Had public health officials taken serious consideration to review and educate about some of the outcomes of the nutritional studies that were done on Covid-19, and given the public additional recommendations in these areas of boosting key nutrients as a part of the early prevention measures, then we could have potentially saved more lives by helping guide people in all of the ways they could take control of preventative health, especially ahead of the vaccine availability to the public. We had quite a bit of this information in 2020, and the vaccines were not widely available until 2021. We could have done more to save lives, had we not been pigeon-holed into the belief that hand-washing, masks, social distancing, and pharmaceutical vaccines were the only prevention solutions, while keeping up an ignorance that nutritional deficiencies are not relevant to the conversation.

I hope that in the near future, public health starts to work towards combining both Allopathic AND Holistic health in its viewpoints on administering public health policy. So much opportunity was lost by only validating one side of the health care model in our response to the Covid-19 pandemic. It very much felt to the public like off-label treatments were "suppressed" in order to justify the push of EUA products. Functional Medicine and Integrative Health expert viewpoints need to have a seat at the table of public health policy as we learn from our mistakes about the Covid-19 pandemic response. To that end, I would like to see some kind of committee or board representation in the near future from the Functional Medicine and Integrative Health communities so that holistic health considerations can be included in the professional conversations around any public health policy that is under review in the future. Doctors take an oath to "First Do No Harm" and, therefore, we should be extremely careful how much over-reach we allow to government to impede doctor-patient relationships or, for that matter, parent-child relationships.

In respect to the decision still in front of the board about requiring the Covid-19 shots for school age children, I hope primary consideration is given to the key point showing that at least 2/3 of the public is NOT in favor of moving forward with it as a school requirement and that it is primarily because, already knowing that there are extreme side-effects, we want to understand the long-term picture before we give this to all of our

children and maintain freedom of choice while the research is still ongoing and its release slow-walked by the CDC and Pfizer. One thing that comes to mind is lack of adequate long-term studies on fertility and pregnancy following Covid-19. Although its probably is an unlikely circumstance, it would certainly be unfortunate if we gave this to 100% of the children, and then discovered our children could no longer reproduce new healthy humans as we find out more about long term affects. That end would certainly be devastating to all of humanity.

Thank you for listening to my thoughts following the conclusion of the TAG.

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

From: Brian handsaker
Sent: 3/3/2022 2:46:25 PM
To: DOH WSBOH
Cc:
Subject: Vote on Covid-19 vaccine for kids

External Email

Dear Board of Health Members,

I am writing to regarding the upcoming vote on the covid-19 vaccine for school children. Please support the recommendation from the Technical Advisory Group and vote AGAINST requiring the covid vaccine for school children. The data coming out on both efficacy of the vaccine, particularly for young children, and the long list of adverse events should compel you to vote no. Leave this decision up to individual families.

Thank you,
Brian Handsaker

From: Angela Pifer
Sent: 3/3/2022 8:43:49 AM
To: DOH WSBOH
Cc:
Subject: Please Vote No On Mandating COVID Vaccines



attachments\FB118336819C4A61_image003.png

External Email

To The Board of Health:

I have been a licensed health care provider for the past 17 years. I have a 12 year old in LWSD. PLEASE do not recommend mandating COVID-19 vaccination for our school children.

I feel motivated to state that I am not anti-vaccine. I have been vaccinated with all schedules, as has my daughter (except for this one, as I have grave concerns with the need and safety of this vaccine in her age group).

- * The vaccine was made for 5 variants ago.
- * Studies have noted continuing decline in protection against Omicron, as well as declining protection over 90 days.
- * New York data, recently showed that the vaccines efficacy dropped to 12% after only a few weeks. Hospitalizations couldn't be compared, because the rate of hospitalizations was so low in BOTH groups, that the results were not statistically significant.
- * Omicron is declining. We have no idea if this will remain the variant, or, if a new variant will pop up and we have no idea if the wild type vaccine will be effective against the new variant.
- * The age group has a near nil risk of anything related to COVID.
- * These shots do not stop infection, nor DO THEY STOP TRANSMISSION. THIS CANNOT BE ABOUT PROTECTING COMMUNITY TRANSMISSION.
- * Pfizer states that they will need 5 years to study the safety data for this age group.
- * There are very concerning trends with adverse events and these must be investigated to the fullest.

Because of these points above, pushing this as a mandate is optics only; creating a false sense of protection to the parents who want this.

The flu is more deadly to our children than COVID. We do not mask, isolate, mandate, close contact trace, nor do we mandate an annual shot (because at times these are only 14% effective) to our children. PLEASE stop this insanity.

I respectfully submit that I will remove my 12 year old from public school if this mandate is approved.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: Christine Krogness
Sent: 2/28/2022 5:38:41 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: Alicia Aunspach
Sent: 3/4/2022 10:36:32 AM
To: DOH WSBOH
Cc:
Subject: Covid shot

External Email

To Whom it May Concern,

I am writing with regard to the recent recommendation of the Technical Advisory Group to not recommend that COVID-19 shots be required for daycare and K-12 students in Washington state.

I want to urge you to follow the recommendations made by TAG and not require the shots for the children of Washington State. Based on the very low death risks for young children and the potential adverse reactions to this experimental shot (which is only approved for emergency use), I am opposed to having it required for children.

Thank you very much.

Sincerely,

Alicia Hollowell

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 2/28/2022 1:22:06 PM
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: 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: Michael Olsen

Sent: 3/1/2022 9:29:49 AM

To: Reykdal, Chris,Thompson, Maddy (GOV),Fehrenbach, Lacy M (DOH),DOH Secretary's Office,Miller, Micheala,Schanz, Matt (DOHi),Artzis, Sam (DOHi),DOH WSBOH,Garchow, Tim (WSSDA),Joel Aune

Subject: Proclamation 2022-01



attachments\72A0F3B4B350413E_Proclamation 2022-01.pdf



attachments\4F59F99596A24F61_image003.jpg



attachments\1411FBC87975412B_COVID-19 Vaccination Survey.pdf



attachments\A322F4CBB79B4846_Vaccination requirement survey results.pdf

External Email

Good morning,

Over the past several months there has been growing concern over the possibility that the COVID-19 vaccine will be required for our students. In order to gauge the impact that this requirement might have on our school district, we asked our families to complete a simple survey (attached). Nearly half of our in-person students are represented in the survey results (attached). The results of the survey clearly demonstrate how devastating this requirement would be for our student population. Last night, during the Kettle Falls School District Board of Directors meeting, our school board members considered and approved with a 5-0 vote, resolution 2022-01 (attached) opposing the requirement of a COVID-19 vaccination for our students. The school board believes that the State should not be superseding a family's choice in regards to the COVID-19 vaccination.

Thank you all for your time and consideration in these challenging times.

Thank you,

Michael Olsen

Superintendent

Kettle Falls School District

**BOARD OF DIRECTORS
RESOLUTION 2022-01**

COVID-19 VACCINE REQUIREMENT

WHEREAS, Chapter 28A.320 RCW authorizes local school boards to govern their respective districts, including adopting, revising and suspending local board policies; and

WHEREAS, on February 29th, 2020, Washington Governor Jay Inslee declared a *State of Emergency* in all counties of the state under Chapters 38.08, 38.52 and 43.06 RCW and directed implementation of the plans and procedures of the State's Comprehensive Emergency Management Plan in response to the novel coronavirus (COVID-19); and

WHEREAS, only 9 other states are reportedly considering requiring the COVID-19 vaccine as a requirement in K-12 public schools; and

WHEREAS, it is the right of the individual to make health decisions related to one's own body and one's family; and

WHEREAS, the COVID-19 vaccine does not pass the nine criteria required when reviewing antigens for potential inclusion in WAC 246-105-030; and

WHEREAS, the COVID-19 vaccine has been directly available to any vulnerable subset of the population for some time; and

WHEREAS, getting the COVID-19 vaccine is an acceptable and encouraged choice for any student, parent or staff member who so desires; and

WHEREAS, a COVID-19 vaccine requirement for students would create an unreasonable administrative burden; and

WHEREAS, a COVID-19 vaccine requirement for Kettle Falls School District would result in irreparably broken trust; and

WHEREAS, based on recent survey results, a COVID-19 vaccine requirement would result in a dramatic decrease in student enrollment, potentially up to 50% of our students; and

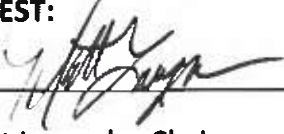
WHEREAS, a dramatic decrease in student enrollment would devastate the Kettle Falls School District; and

WHEREAS, a dramatic decrease in student enrollment would have a devastating impact on our economy for years to come; and

THEREFORE BE IT FURTHER RESOLVED that the Kettle Falls School District Board of Directors is opposed to making the COVID-19 vaccine required for our students.

ADOPTED by the Board of Directors of the Kettle Falls School District No. 212, Stevens County, Washington, on this 28th day of February 2022.

ATTEST:



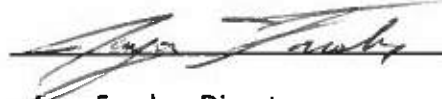
Matt Langrehr, Chairman



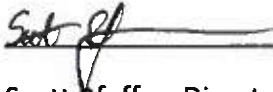
Thomas Johnson, Director



Brett McKern, Director



Jaya Fowler, Director



Scott Pfeffer, Director

ATTEST:



Michael Olsen, Secretary

COVID-19 Vaccination Survey

As you may be aware, the Washington State Board of Health is currently considering whether to include the COVID-19 vaccine in WAC 246-105. If it is included, it will not be included/required through a gubernatorial mandate. WAC 246-105 outlines the process that the State Board of Health must go through in order to include vaccinations in the WAC.

If they do this, parents will be able to get an exemption for their students. The current exemptions that are allowed under WAC 246-105 are

- Medical
- Personal
- Religious
- Philosophical

If parents get an exemption, their students would be able to attend school without getting the vaccine in accordance with WAC 246-105.

The Kettle Falls School District Board of Directors is preparing a communication to submit to the Washington State Board of Health, the Washington State Department of Health, Governor Inslee and the Office of the Superintendent of Public Instruction.

We want to include as much information as possible in that communication. We gathered feedback from our community and families during the February 9th special board meeting. Below are a few questions that we would appreciate your response to. This information will also be included in our communication to the various State agencies.

Please submit one response for each of your students.

* Required

School

1. What school does your student attend? *

Mark only one oval.

- ☐ Kettle Falls Early Learning Center
- ☐ Kettle Falls Elementary School
- ☐ Kettle Falls Middle School
- ☐ Kettle Falls High School

Choice

2. If the State adds the COVID-19 vaccine to WAC 246-105, will you: *

Mark only one oval.

- ☐ My student is already vaccinated
- ☐ Get your student vaccinated
- ☐ Submit an exemption and continue sending your student to school
- ☐ Withdraw your student from public education

This content is neither created nor endorsed by Google.

Google Forms

COVID-19 Vaccination Parent/Guardian Survey Results

Responses	Kettle Falls Early Learning Center	Kettle Falls Elementary School	Middle School	Kettle Falls High School	Grand Total
Get your student vaccinated	3	7	2	1	13
My student is already vaccinated	2	15	19	17	53
Submit an exemption and continue sending your student to school	6	36	39	25	106
Withdraw your student from public education	12	75	56	44	187
Grand Total	23	133	116	87	359

From: BJay Santiago
Sent: 3/4/2022 9:09:02 AM
To: DOH WSBOH
Cc:
Subject: Letter to Board



attachments\5306580796FB4B92_Image.jpeg

External Email

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From: Janis Richter
Sent: 3/3/2022 9:54:22 AM
To: DOH WSBOH
Cc:
Subject: Please ratify TAG's recommendation

External Email

I agree with the Technical Advisory Group's recommendation to not require school children to be vaccinated against COVID. The long-term side effects from the vaccines are unknown. What is known is that children are far less at risk from the virus than from the vaccines themselves, up to and including death. When there is risk, there must be choice. It should be the parents' prerogative to assess the risks vs. benefits, and decide for their own children. It is not the government's right to do so.

Respectfully,
Janis Richter
24123 16th Ave SE
Bothell, WA. 98021

Get Outlook for iOS

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

From: Robert Roper
Sent: 3/3/2022 5:39:32 PM
To: DOH WSBOH
Cc:
Subject: NO COVID VACCINE REQUIREMENTS FOR SCHOOL!

External Email

The effectiveness is very low compared to the risk. Do not mandate or we will take our kids out of school and move out of state.

Thanks

From: Beverly Ferraro
Sent: 3/4/2022 11:57:35 AM
To: DOH WSBOH
Cc:
Subject: Mandatory shots for kids

External Email

I am a resident of WA state. I am totally against mandatory vaccines especially for young children. My grandkids will all be pulled out of school if this passes! Thanks Bev Ferraro

Sent from my iPhone

From: Tami Domico
Sent: 3/3/2022 1:38:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Mar 9 2022 mtg

External Email

Please ratify TAG's recommendation NOT to add the covid vaccine to the childhood immunization schedule to attend school in WA state. Children are at very little risk of severe illness from Covid, and the shot's effectiveness wears after only 2 months. Not only that, it is still under emergency use authorization and we as parents need more data to know the cost-benefit analysis. Let's wait for the information before making a decision. Also, teachers are required to be vaccinated, so they have some protection against illness.

Thank you for your time.

Respectfully,

Tami Domico

From: Kristine Van Buskirk
Sent: 3/3/2022 6:32:30 AM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement for students

External Email

As a life long Washington resident and a mother of two students in the Bellevue school district, I demand the rights of families and individuals be upheld regarding medical treatment of any kind.

Do not pass any rules, regulations or mandates requiring vaccines for children to attend school.

It is illegal and discriminatory. And this vaccine is not FDA approved or tested or safe.

I will not allow my child to get a covid vaccine therefore he will not attend public school in this state if this rule is applied. If teachers feel unsafe of a disease that doesn't effect children....quit. time to find a new career because kids lives are more important.

I will take my tax dollars, that pay you, the schools, teachers and unions....the governor, superintendent and admin. And move from this state along with the 50,000 you have already lost.

Dont do it!!!!

From: Chelsea Williams
Sent: 3/3/2022 9:40:34 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I am a mother of 2. I'm AGAINST adding the covid vaccine to the scheduled vaccines for public schools. Or any school.

I've already had to pull my kids from school due to the mental impact of wearing a mask at school. They will not return to school if the board passes this criteria.

Thank you.

Sent from Yahoo Mail on Android

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

From: Monica McAdams
Sent: 3/4/2022 7:28:50 AM
To: DOH WSBOH
Cc:
Subject: Upcoming Meeting March 9, 2022

External Email

To Whom It May Concern;

Please forward my written statement to the appropriate board member(s) regarding next Wednesday's meeting and vote opportunity concerning mandatory Covid vaccines for public school children.

In light of the fact that more information is trickling out about the risks versus benefits of the Covid vaccines for children, I would like my voice against this mandate to be noted. I have registered to be a part of the Zoom meeting on Wednesday, and I look forward to hearing all opinions in this matter.

Thank you for working on behalf of the citizens of this state, and I hope your work will reflect the benevolence all healthcare workers are expected to emulate.

Sincerely,

Monica McAdams

From: Betsie Elliott
Sent: 3/3/2022 9:41:16 AM
To: DOH WSBOH
Cc:
Subject: Immunization Requirement for School Aged Kids

External Email

Washington State Board of Health,

I closely followed the Immunization TAG work towards adding the COVID vaccine to the list of immunizations required for attendance in Washington State schools and I fully support their decision not to recommend this be added to the list. Overriding their decision would further deteriorate the public's trust in public health and the institutions you represent.

I understand there are exceptions allowed for this vaccine, but why even add this to the list if you already know 70% of the population won't vaccinate their children for this? Are you trying to get 5% more to vaccinate their children, because they don't understand the processes to gain exemptions? Why make the schools the enforcement arm for your policies? It's pretty easy to sit behind your computer or closed up in a room and make these decisions when you don't have to have direct face to face communication with the public.

Vaccinating my children with this vaccine is the hill I will die on. Under no circumstance will I vaccinate them. They've both had COVID and the common cold they have now is worse than their COVID infections. It's my choice if I want to vaccinate my children and I chose NO. Please respect my decision and all the other parents who chose NO.

I ask you to restore a level of public trust in the public health institutions and do not override the TAG recommendation.

Betsie Elliott

From: Testify Online Survey
Sent: 3/1/2022 8:36:47 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:

Dana Fryman

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Para Educator

6.

Address:

20818 N Division Rd Colbert 99005

7.

Email:

thefrymans@gmail.com

8.

Phone Number (Include Area Code):

5099935059

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 added to school immunization list

11.

Are you Pro or Con on the proposal?

2. Con

COVID vaccine should be treated the same as the flu vaccine. Flu is a choice, COVID vaccine should be a choice

From: Testify Online Survey
Sent: 3/4/2022 11:56:06 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 9

2.

Agenda Item or Issue:

9. Rulemaking Petition – The Board has received a request to adopt a new rule in Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible Action

3.

Your Name:

Christina Perceful

4.

Do you have a professional title?

1. Yes

Director

5.

Are you representing an organization?

2. No

6.

Address:

5932 41st Ave SW, Seattle, WA 98136

7.

Email:

ninawasankari@gmail.com

8.

Phone Number (Include Area Code):

347-432-0489

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

The Board has received a request to adopt a new rule in Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry. Please do not adopt the rule is to make COVID 19 Vaccinations included in the mandatory list of immunization to attend schools or daycares.

11.

Are you Pro or Con on the proposal?

2. Con

Following a small window of clinical trials, it has barely been over one year since these vaccines have been made available to the public. Under emergency use authorization, we've stood witness to the scientific data and studies constantly changing and conflicting one another, always followed by the tagline "but it's safe". And now Pfizer data is finally being released under court order. Already the first 30 pages they released are proof of the harmful effects their covid19 vaccine is. I quote Dr. Eric Ruben, professor of Harvard Medical School that serves on the panel of the FDA "We're never going to learn about how safe this vaccine is unless we start giving it, and that's just the way it goes". That was during the FDA debate on whether or not to vaccinate our children under 12. We now know just how dangerous this vaccine is potentially for children. The benefits do not out way the risks. This is the first time MRNA technology has been used on the human population. That's what makes it different from other vaccines that were studied for decades before being considered safe. We do not have any data on the long term effects of the MRNA vaccines. Mandating EUA gene therapies on anyone, especially our children, is criminal. I OPPOSE adding emergency use authorized vaccines, the COVID 19 vaccines or any other medications that have not completed past 3 trails or does not have full FDA authorization to Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry.

From: Jessica Butcher
Sent: 3/3/2022 10:00:15 PM
To: DOH WSBOH
Cc:
Subject: Concerns Regarding the Vaccine Requirement for Students in Washington Schools

External Email

To whom it may concern,

As a resident of Washington, I am writing about my concerns regarding the vaccine requirement for students in Washington schools that has been considered in the past few weeks.

It is my understanding that the Board of Health's appointed Technical Advisory Group has made a recommendation that the COVID-19 vaccine NOT be required for our students. Knowing this, I wanted to respectfully urge the members of the Board of Health to heed their counsel and to avoid making the vaccine mandatory for students. I believe this medical decision is personal and that each student's needs regarding the COVID-19 vaccination can best be determined by the student themselves. The students (and the families) in question have a fundamental right to bodily autonomy and possess more intimate knowledge of their own individual medical histories and needs than anyone else, and are, therefore, most able to make this judgement.

Thank you for your time and consideration.

Sincerely,

--

Jessica Butcher
Email: jessicabutcher52@gmail.com <<mailto:jessicabutcher52@gmail.com>>
Phone: 817-808-3048

From: Lang, Caitlin M (SBOH)
Sent: 3/2/2022 7:40:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Top 10 Clinical Trial Flops

From: Zana Carver <Zana@zanacarver.com>
Sent: Tuesday, March 1, 2022 3:08 PM
Subject: Top 10 Clinical Trial Flops

External Email

FYI: These are only clinical trial flops not post-marketing vaccine safety failures with complete legal immunity for the drug company. Pfizer has a long history of clinical trial fraud and selling harmful drugs that later have to be pulled from the market, resulting in huge settlements. Let me leave you with one word, thalidomide . . .

https://www.fiercebiotech.com/special-reports/2021s-top-10-clinical-trial-flops?utm_source=email&utm_medium=email&utm_campaign=LS-NL-FierceBiotechResearch&oly_enc_id=7876A0124545G5B
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fspecial-reports%2F2021s-top-10-clinical-trial-flops%3Futm_source%3Demail%26utm_medium%3Demail%26utm_campaign%3DLS-NL-FierceBiotechResearch%26oly_enc_id%3D7876A0124545G5B&data=04%7C01%7CWSBOH%40SBOH.WA.0>

COVID-19 vaccines and therapies
Indication: COVID-19
Sponsors: Multiple

The COVID-19 pandemic revealed just how effective biopharma R&D can be when mobilized at scale but equally exposed the high-risk nature of drug development.

The massive effort has resulted in an impressively long list of COVID-19 vaccines spanning a whole range of technologies—from conventional live, attenuated virus and protein-based shots through to cutting-edge mRNA products—as well as a range of small-molecule and antibody drugs that have been shown to lessen the impact of the virus on patients, keep them out of the hospital and increase their odds of survival.

But for every success, there have been multiple failures, and many of those projects came to term in 2021. There are too many to cover in depth, but here are some of the main candidates that fell by the wayside last year and made headlines.

CureVac's hopes of joining the ranks of COVID-19 vaccine companies with its mRNA-based CVnCoV were dashed when it was found to offer a fairly meager 48% protective

efficacy rate in a 40,000-patient phase 3 trial. The company subsequently withdrew marketing authorization applications, shelved the shot and joined forces with GSK to develop second-generation mRNA vaccines.

RELATED: CureVac giving up on first COVID mRNA vax, focusing on GSK-partnered 2nd attempt

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-giving-up-first-covid-mrna-vax-focusing-gsk-partnered-second-attempt&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

Earlier in the year, one of the industry's top vaccine companies—Merck & Co.—posted lackluster early clinical data for its V590 and V591

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-cans-both-its-covid-19-vaccines-due-to-weak-clinical-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

candidates based on replicating viruses and decided to switch its attention to COVID-19 therapeutics including Ridgeback Biotherapeutics-partnered antiviral molnupiravir.

Ahead of the viability of COVID-19 vaccines, a lot of hopes were riding on the use of convalescent plasma

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-therapy-backed-by-csl-takeda-fails-phase-3-covid-19-test&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

recovered from patients who had recovered from COVID-19. Early trials were disappointing, but CSL Behring and Takeda partnered to launch a phase 3 study of concentrated levels of convalescent COVID-19 antibodies in 2020. Results last year were a miss, spelling the end of the alliance.

Monoclonal antibodies have emerged as an important therapeutic option across the spectrum of COVID-19, initially for moderate to severe disease and latterly for milder forms. Some have come into the spotlight only to fade away—like Eli Lilly's bamlanivimab/etesevimab and Regeneron's casirivimab/imdevimab—as the omicron variant robbed them of efficacy, to be replaced by newer candidates. That includes GSK-Vir Biotechnology's Xevudy (sotrovimab) for mild disease and AstraZeneca's Evusheld (tixagevimab/cilgavimab), the first drug in the class to be authorized by the FDA for prevention of SARS-CoV-2 infection.

Other antibody trials ran into trouble, including a study of Evusheld for preventing symptomatic COVID-19 in people recently exposed to SARS-CoV-2 in the STORM CHASER study, CytoDyn's leronlimab

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-digs-deep-for-signs-efficacy-covid-19-trial-flop&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

in mechanically ventilated, critically ill COVID-19 patients, as well as Bii Biosciences' BRII-196 and BRII-198

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-stops-trial-brii-s-covid-19-antibodies-hospitalized-patients-for-futility&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

and GSK-Vir's otilimab

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-after-pushing-past-midphase-fail-ends-development-otilimab-covid-19&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca90294648ed4363367608d9fc62f5e2%7C11d0e2>

in hospitalized individuals.

Another success story for 2021 in COVID-19 was the emergence of oral antivirals for ambulatory patients—Pfizer's Paxlovid and Merck's Lagevrio (molnupiravir)—but Roche and Atea Pharmaceuticals had a disappointing result in a phase 2 study with their

candidate AT-527

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. The drug moved on to phase 3 nonetheless, though Roche has pulled out of the partnership, having paid \$350 million upfront to get involved in 2020.

RELATED: AstraZeneca's COVID-19 antibody combination fails post-exposure prevention trial

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Other therapeutic approaches suffered setbacks last year, including Molecular Partners-Novartis' DARPIn ensovibep

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, a molecule designed to bind to three parts of the virus's receptor-binding domain and reduce the risk of escape mutations that can limit the effectiveness of conventional antibodies. It failed in a phase 3 trial in patients hospitalized with COVID-19, but there was better news for the partners earlier this year when it showed efficacy in non-hospitalized patients in a phase 2b study.

There were failed midphase trials too for Angion Biomedica's anti-fibrotic drug ANG-3777, Laurent Pharma's oral retinoid LAU-7b, Redhill Biopharma's SK2 inhibitor opaganib, Theravance's pan-JAK inhibitor nezulcitinib, Roche's IL-22-targeting fusion protein efmarodocokin alfa and Apellis' pegylated synthetic cyclic peptide APL-9, amongst others.

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for Windows

From: JonnieGoodboyTyler
Sent: 3/2/2022 7:36:43 PM
To: DOH WSBOH
Cc:
Subject: Follow TAG C19 recommendation

External Email

Dear WA Board Of Health member:

Please ratify the TAG's recommendation against a C19 vaccine mandate. Children have approximately zero chance of dying from C19. One study tracked the small (percentage wise) number of children who were claimed as C19 caused deaths and found that every one of them was unfortunately on their death beds, with serious multiple co-morbidities, and anything was going to send them over the edge. In other words, according to available empirical evidence a healthy child has zero chance of death from C19.

Therefore there is no reason to do anything. It is all risk and no benefit to inject anything into a child's body, especially a warp speed liability free concoction.

The right decision is to leave medical decisions to children, their parents and their doctors.

Respectfully,
Christopher Beamis
Mukilteo

Sent with ProtonMail

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Secure Email.

From: Sarah Rodal
Sent: 3/2/2022 5:37:44 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 school vaccine requirement

External Email

WA State Board of Health,
I would like to comment on requiring children to receive a Covid 19 Vaccine to attend public school. I would like everyone to research the data that was just released from Pfizer and a recent study out of Britain that indicated children that receive this vaccine have a 40% increase in likelihood of contracting Covid 19 after receiving the Covid 19 vaccine. The Covid 19 vaccine also does not stop serious illness or stop person to person transmission of Covid 19 and children have a 99.7% survival rate. The Covid 19 vaccine is still under EUA and was only researched for 2 months prior the the FDA authorizing it for children. Lastly there is no long term safety data on the Covid 19 vaccine so there is no knowing what could happen to a person/child for many years to come and from the most recent data I have seen that could be infertility, heart issues, autoimmune disorders, neurological disorders, multi system organ failure, cancer and many many more. This can not be allowed. We need to protect our children not force on them an experimental injection that could have dyer unknown medical repercussions in the future.

Thank You,
Sarah Rodal
Aberdeen, WA

Sent from Sarah's iPhone

From: Barbara Eneberg
Sent: 3/3/2022 8:57:13 PM
To: DOH WSBOH
Subject: Please follow the TAG recommendation regarding- NO Vaccine mandates for school children....

External Email

Please follow your Technical Advisory Group's vote to NOT require COVID-19 shots to our school children. We have voiced our opinion before on this subject and now your own advisory group does not recommend it either. We, the parents and grandparents, of our precious children do not want the state to override it's own advisory group and force this vaccine upon our children.

Sincerely, grandparents of seven,
Gary and Barbara Eneberg
Edmonds, Washington

From: Juelie Dalzell
Sent: 3/2/2022 9:19:09 PM
To: DOH WSBOH
Cc:
Subject: Public comment on Keeping of Animals

External Email

I am a horse owner and unfortunately only just now saw the redraft of the Keeping of Animals rule (WAC246-203-130). It concerns me on two levels, first as a horse owner and second as a retired elected official. It appears to me that the proper handling of horse manure should fall within the purview of the Department of Agriculture and animal husbandry educational programs not the Health Department.

Once again counties' local health officers will bear the brunt of an unfunded mandate and will be dealing with a subject where they have little background. Seriously, I just can't believe you would want to send a health officer to a horse barn to see if the digested hay that has passed through horses' intestines is sufficiently composted. There are already effective programs that horse owners participate in like Horses for Clean Water that focus on manure management.

Please no more rules that gain us nothing but indeed impose more burden on our strained health care system.

Thank you for your attention.

Juelanne Dalzell, Retired Jefferson County Prosecutor

From: Schreiber, Tracy N (SBOH)
Sent: 3/1/2022 2:02:50 PM
To: DOH WSBOH
Cc:
Subject: FW: Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination



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attachments\9AF6E15B6DCA4554_image007.jpg

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Zana Carver <Zana@zanacarver.com>
Sent: Tuesday, March 1, 2022 12:50 PM
Subject: FW: Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination

External Email

Please consider this new information before deciding to override the TAG decision.
Thanks in advance.

Dr. Carver

Sent from Mail

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for Windows

From: James Lyons-Weiler from Popular Rationalism

<<mailto:popularrationalism@substack.com>>

Sent: Tuesday, March 1, 2022 8:12 AM

To: Zana Carver <<mailto:Zana@zanacarver.com>>

Subject: Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination

Pfizer's vaccine in children 5 to 11 elicits antibodies (yawn) but only 11% efficacy one month after kids were "fully vaccinated". After one month, vaxxed kids are MORE likely to have a COVID-19.

#PopularRationalism

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Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination

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Pfizer's vaccine in children 5 to 11 elicits antibodies (yawn) but only 11% efficacy one month after kids were "fully vaccinated". After one month, vaxxed kids are MORE likely to have a COVID-19.

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James Lyons-Weiler

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Mar 1

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In a non-peer-reviewed report (par for the lame course), researchers report that Pfizer's COVID-19 vaccine has only 11% "vaccine effectiveness" in kids 5 to 11 in prevented COVID-19 diagnoses one month following vaccination with two doses.

The report is light on details of how COVID-19 diagnoses were determined, reporting only that they used "NAAT" or "antigen results" reported to the New York State Electronic Clinical Laboratory Reporting System (ECLRS).

The report does not provide any data on the number of cases that occurred in the 'vaccinating'; i.e., those people who received a single dose but for various reasons were not jabbed with the second dose.

When the data are broken into ages of single years, it's clear that the vaccine is not only a total flop for the younger age groups: if they keep tracking these kids, they will likely have negative efficacy (more likely to have a COVID-19 infection) before two months have passed following being vaccinated.

Here's the data from the report as their Figure 1:

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zezvFx3BmCyUpE-
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p5UYBdrVagN9moFIK5jgNXn7R91ysjc&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cd2db7619e524

In their Figure 2, we see the data past two months does, indeed, show a higher risk of COVID-19 diagnosis via an incidence rate ratio of <1 . Values of the incidence ratio above 1.0 imply positive effectiveness; values <1.0 imply negative efficacy):

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The authors try to confuse the reader with the following nonsense:

"Negative VE values observed in later timepoints likely reflect estimator instability and/or residual confounding, as opposed to true relatively increased risk for those vaccinated."

Baloney. If this is true for the last time point, then it's true for all of the time points. And the trend clearly shows the result in the last time point is not spurious.

The authors try to assure that the vaccine prevents serious illness, in the youngest age group, but since massive questions remain on false positives from PCR tests (they do not report Ct distributions), and the role of comorbid conditions is known, and they study

does not adjust for comorbid conditions, the claims of reduced hospitalization rates and lowered incidence of severe disease cannot be accepted.

If the report were peer-reviewed, these issues might have been brought up, and the world would not, once again, be being told nonsense as fact by public health.

The Daily Mail reported on this

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F4Iu42NNSISFbSuWPganrbSms5YF11rp7ZXFtR8K4gQxObZs1xQ9UJzzwVZWC6nY6OCioHadsYNCJa0agjEw6G9_v35yceF38D7mSpMchwE9xTtyuEHMK_GYX8icuR9jCgVzHWHgw0ESohlpSiw62UrZdq0QRgh1bmRzFboDpS1q756YsU9IUOdHMVDqf994dW_vtZpy5H2HjNcEwZHZUNG73ReRvc3zFhqaqEHcsIoI7QQ1eBWvp08vL9opa0xrAzO7qmY&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdf2db7619e524030afd208d9fbcf398f%7C11>, but has a misleading headline about “efficacy”, failing to pick up on the seriousness of the less-than-one incidence rate ratio. Daily Mail also confuses “efficacy” (measured in prospective randomized clinical trials) with “effectiveness” (measured in observational population studies)

Nevertheless, they provided a quote from Dr. Cody Meissner that shows that any attempts to expand this vaccine into the younger age groups won’t be easy:

“I think we need to rethink this whole program of vaccinated adolescents and children. What is our objective?’ Dr (sic) Cody Meissner, the chief of pediatrics at Tufts Children’s Hospital in Boston and a member of the FDA’s Vaccines and Related Biological Products Advisory Committee, told DailyMail.com”

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F5cJON5VjJxPpLy9UCiVWM6UpeKO00EOvNfOGa-G0ZSFPj0S0YlgM26tdgsMStnhOS61ASPY0vZdeoudC9z1YDc6NFu7e8uGu7IPgAsXqA0VHhn4pHVsktphnKXu-9Z838dUs7Pj9Qb52W5pbmmgOuaQ3XktZMIILwXsOMADIsROdBdWjIAIdaA6j7p4_JaXXqG6SrZN0udpc0H13bM2DpncJjaG-96ozW1uNYYyjFRRLuQNYVYUUS7c1_milS-4b8hMXAIAdQAE0BLi6CpyR3JZUeBtaA_da2Yjuw1wXTROOXkNd_oKuHIq&data=04%7C01%7CWSBOH%40S

Like

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Comment

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FSGd-zj2PYdRCwele9IqY73hKGzfApFwNTVYC9rrDOhCcBKnOE3CNPU4CVLM0tITpqg0QENFTby2K2vBqBVKDtlRGiM0KYrjaXs7DPVDBnDrsQN9PhCGRMSxIWtWjMWkmmgBviYqYvgLs0VNCct67606gxyFM6h_4kY3vY7XJ-zk0L5LQvz0yrM-6tgL9MbX07br-csyednlM8_XWxvsqY-coetNvsgPy3QarP4tRJXQXeu-qQE-7EVb5t1mG8Wff6cmUzmaC-yJJOzCwwXlJxb4z78aEsciWrth_oNLOqvYzH73r5GYpa_zMI3DU_j9_r1M9-t3lfMBjFdTpf7EU462xRGdZqBe_3fUfzBG-Cia4ZfDeJ4guAA4yAMEEEoQiiY-9ksUhZSKMGUoDdAk9Y_fVuvbJB5FQXNA_8zw0-RGJXWR4WJUO43uuNO8GEbZSWH7AiQta-DE6g48-3DUUnb84gAQnHPCCWoKSKEExQs4eAX6oP_hlGkdxmiSeI-bKVUnyv-K_AQc56o8&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdf2db7619e524030afd208d9fbcf398f%7C

Share

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fcv2iAUxj-NfacplFJ9wYvFq3eatdsyvS6-aSgcFW2hF6je-ulHdUu2LOFP-PHAgfMcwT0cje1Za5yPhqH0fQtMw83V4D3YqHNgSyVZmuGMJlKWSRZnWGRVpFx5sAANVzWL2q6qleBeGT2oQ2G0B-0H9YIbCJSL4SF_AW8uMKyHxYOB3_qfuL6szgYV91VSnPOk6G-K75ZxYB_F-TvON9uPflPov8zXrUhy9VWtb3K38sWLQPlmFa_UTYnkTQW9Eq-zu5yifr9bnuVrfa3UejZZLN77xXI99vyH227pfbaJC1KVn_Fe1XOdf-

From: Julia Hiett
Sent: 3/3/2022 8:23:10 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 shots for children

External Email

I urge you to not make the Covid 19 shot mandatory for children. Children are not affected by Covid to the same extent as other people in our community and this is a disproportionate response. It has been proven over the past several months that the Covid shot is barely effective with the new variants so why would we even be considering mandating a treatment that isn't very effective especially for children.

Thank you,

Julia Hiett

Sent from my iPhone

From: Anna Yan
Sent: 3/4/2022 10:57:51 AM
To: DOH WSBOH
Subject: Public comment about BOH meeting on 3/9



attachments\93B87BA5862446CD_Pfizer data.jpg

External Email

Dear BOH board members:

Please ratify the TAG's recommendation against mandating the experimental Covid-19 vaccine for our children.

Many new pieces of evidence have surfaced lately.

1. Pfizer covid-19 vaccine side effects exposed in their own documents

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cede072778cba4bc360c708d9fe10bc09%7C11%7D>>

Page 7

See attached file. The fatal number is 1223, the total number of people is 42086.

The fatal ratio is 2.9%!!! However, according to CDC, the kids mortality from covid-19 is nearly 0.0001%! How could you mandate a vaccine with such a high mortality? They should be stopped at the first place! For example, the swine flu vaccine had been stopped after reporting 50 people's death.

2. Official data: Fully vaccinated people account for 9 of 10 COVID deaths

<https://www.wnd.com/2022/03/official-data-fully-vaccinated-people-account-9-10-covid-deaths/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wnd.com%2F2022%2F03%2Fofficial-data-fully-vaccinated-people-account-9-10-covid-deaths%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cede072778cba4bc360c708d9fe10bc09%7C11%7D>>

3. Pfizer Vaccine Far Less Effective In 5-11 Year-Olds, Latest Data Show

New data from New York state shows the effectiveness of Pfizer's Covid vaccine for kids ages 5 to 11 dropped from 68 percent in mid-December to 12 percent by the end of January as the omicron variant spread. The findings have not been peer-reviewed. Pfizer says it's now evaluating a third dose for the age group.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zerohedge.com%2Fcovid-19%2Fpfizer-vaccine-far-less-effective-5-11-year-olds-latest-data-show&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cede072778cba4bc360c708d9fe10bc09%7C11d0e21>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnbcm.com%2F2022%2F02%2Fcoronavirus-vaccine-was-just-12percent-effective-against-omicron-in-kids-5-to-11-study-finds.html&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cede072778cba4bc360c708d9fe10bc09%7C11d>

BY THE EXPOSÉ ON FEBRUARY 25, 2022 •

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2022%2F02%2Fstudy-covid-vaccination-increases-kids-risk-myocarditis-13000-percent%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cede072778cba4bc360c708d9fe10bc09%7C1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F1467-3045%2F44%2F3%2F73%2Fhtm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cede072778cba4bc360c>

It's shocking and appalling! Change your DNA? It's so terrifying!

The Covid vaccine is not safe and effective! Please ratify the TAG's recommendation against mandating the experimental Covid-19 vaccine for our children! Do not try to be the enemy of We The People!

A concerned parent Anna

From: Breah James
Sent: 3/3/2022 8:15:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Do not require my kids to be vaccinated for Covid 19 to attend school.

From: Sarah Darboe
Sent: 3/3/2022 8:02:59 AM
To: DOH WSBOH
Cc:
Subject: No to Vaccine Mandates on Children

External Email

Dear Washington Board of Health,
I am writing to you as a concerned parent! Please do not make the COVID19 a mandate on children. I am surprised that you are even voting on this as just this past week it has come out the Pfizer vaccine is basically ineffective on children 11 and under. Why would you mandate this vaccine when you don't even mandate the flu shot? COVID is moving into the endemic stage and a mandatory vaccine for this shot is unnecessary!

As someone who had a scary reaction to the COVID vaccine, I cannot in good conscience give this vaccine to my children. It should be up to the families to determine if they want to give this vaccine to their children. If you choose to mandate this shot, I will be pulling my children from public schools. Mandating this shot will not change our minds. Children are not dying from COVID. Children are not super spreaders of COVID. Children have a higher risk to an adverse reaction to the vaccine than they do to COVID.

Best regards!

Sarah Darboe

From: Angela Bell
Sent: 3/3/2022 6:18:54 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

No

Sent from my iPhone

From: Taylor, Carol
Sent: 3/3/2022 3:49:43 PM
To: DOH WSBOH
Cc:
Subject: TAG Recommendations

External Email

Hello,

I urge you all to follow your TAG group recommendations and NOT require shots for children in WA state.

They are in the least vulnerable group while the shots present serious risk to the children.

Thank you,
Carol Taylor

From: jim and leslee mclachlan

Sent: 3/4/2022 11:55:34 AM

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please vote no on requiring the COVID vaccine (technically it is not a vaccine because it doesn't give you immunity, you will always have to have boosters so it is an inoculation). There are NO long term studies proving they are safe, children do not die from COVID, the virus is decreasing in potency and they are already required to have far too many shots for school.

And ALWAYS keep the exemptions for religion and personal beliefs.

Thank you.

Leslee McLachlan

Sent from my iPhone

From: Debra Graham
Sent: 2/28/2022 6:10:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/28/2022 2:11:37 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Next Full Board Meeting

2.

Agenda Item or Issue:

Mandatory COVID-19 Vaccination Children

3.

Your Name:

Willow Whitton

4.

Do you have a professional title?

1. Yes

Multiple Business Owner Thurston County

5.

Are you representing an organization?

2. No

6.

Address:

4431 Boston Harbor Rd NE Olympia, WA 98506

7.

Email:

willowdeen@gmail.com

8.

Phone Number (Include Area Code):

360-528-9923

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Mandatory childhood vaccination for COVID-19

11.

Are you Pro or Con on the proposal?

2. Con

Considering the unprecedented of voluntary reported cases in the FDA's VAERS system it would be shocking at this point if the board were to require all children to get this vaccination in order to receive a public education in WA state. If you have not yet researched this publicly available data and seen the outstanding numbers for an incredible amount adverse reactions then you have no business voting for this proposal if you have not done your due diligence. The media is completely ignoring this safety signal but it is your DUTY to research this to ensure it is safe for our children- our most precious ones that we have to protect above all else. To withhold education is just wrong... Please consider this carefully and do not just go along with the mainstream narrative.

From: Mirel Gutarra
Sent: 3/4/2022 8:01:02 AM
To: DOH WSBOH
Cc:
Subject: Please DO NOT mandate vaccines for school children

External Email

To the WA BOH:

I respectfully urge you to ratify the TAG's recommendation to NOT mandate vaccines for school children. Children are not a high risk group for Covid serious illness AND the vaccines do not prevent infection and transmission.

Thank you for your consideration,
Mirel Gutarra

From: Jen Shuck
Sent: 2/28/2022 11:22:27 AM
To: DOH WSBOH
Cc:
Subject: feedback: school vaccine requirement

External Email

Dear Board of Health,

I urge you to oppose a Covid-19 vaccine mandate in our schools. My husband and I have chosen to be vaccinated and I am grateful that we had this choice. But we have not had our children vaccinated and are strongly against being forced to do so. Unlike the "regular" childhood vaccinations, the Covid-19 vaccine does not prevent disease, and was particularly ineffective against Omicron. Today's article in the New York Times <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F08%2Fnyregion-school-vaccine-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F08%2Fnyregion-school-vaccine-kids.html&data=04%7C01%7Csboh%40sbob.wa.gov%7Cf95bcbb1a52b74c0ca45a08d9faefa654%7C11d0e91e674eb143bd85ea919cccf81)
[kids.html&data=04%7C01%7Csboh%40sbob.wa.gov%7Cf95bcbb1a52b74c0ca45a08d9faefa654%7C11d0e91e674eb143bd85ea919cccf81](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F08%2Fnyregion-school-vaccine-kids.html&data=04%7C01%7Csboh%40sbob.wa.gov%7Cf95bcbb1a52b74c0ca45a08d9faefa654%7C11d0e91e674eb143bd85ea919cccf81)>
cites data collected by health officials in New York State and asserts that the Pfizer vaccine is not effective in preventing disease in 5-11 year olds. Why would our state require an ineffective vaccine as a condition for school enrollment?

Additionally, there is currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings and it makes no logical sense to require this ineffective vaccine in a population that, in general, experiences mild symptoms and recovers quickly. This choice must remain in the families' hands, as they know their health the best and are able to weigh the risks and make decisions accordingly. Thank you for your consideration.

Jen Shuck

Snoqualmie, WA

From: Amber Sutton
Sent: 3/3/2022 4:13:06 PM
To: DOH WSBOH
Cc:
Subject: Uphold TAG recommendation

External Email

Board of Health,

Please decide to follow the technical advisory group's recommendation. I have participated in previous Zoom meetings, and am closely following the radically unscientific, totalitarian bent your group has taken. You must allow individuals the freedom to protect their children HOWEVER they choose. Something as benign as Covid-19 does not necessitate mandating unproven, experimental health treatments, especially in regards to children.

Thank you,
Amber S.
Registered Nurse, mother of 2
Yakima, WA

Sent from my iPhone

From: Aniss Castle
Sent: 2/28/2022 5:42:45 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: Matthew Mastronardi
Sent: 3/3/2022 5:30:41 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do NOT support making the Covid vaccine mandatory for students .

All the latest studies are showing that the vaccine was not that effective and its efficacy wanes greatly. Natural immunity has been proven far superior

-Matthew Mastronardi

Sent from my iPhone

From: gelatru
Sent: 3/3/2022 12:37:00 PM
To: DOH WSBOH
Cc:
Subject: TAG recommendation

External Email

Good afternoon,

I am happy to hear that TAG has not recommended covid19 vaccinations be required for school /students.

I would hope you would take their recommendation seriously and Not require covid19 vaccination for school entry. You did decide to put together this group to research and find the best information and guidance to make this decision. It appears they have done a good job! Children are at VERY low risk of death from covid19. The benefits of this vaccine for children/youth (if there even are any benefits) do not outweigh the risks. Where there is risk there should ALWAYS be a choice. All people are different physically and it is unbelievably irresponsible to recommend this experimental vaccine for all people/children.

Do your job and protect the health and rights of our kids by NOT requiring covid19 vaccination for students/school entry.

Thank you for your time,

Angela
Sent from my Verizon, Samsung Galaxy smartphone

From: Paul Nelson
Sent: 3/4/2022 9:14:15 AM
To: DOH WSBOH
Cc:
Subject: School vaccine mandates

External Email

Please ratify the TAG's recommendation against a mandate. Why: School aged children are at statistically 0% risk of severe illness and dying from covid 19. There is a higher risk of myocarditis from the vaccine especially in young men and that can affect them the rest of their life. The vaccine we have is for an older variant and this coronavirus like all coronaviruses will continue to mutate. These vaccines do not stop contraction or spread so please tell me what is the point of putting kids at risk of vaccine injury or even death? Please do the right thing and let kids decide when they are 18 whether or not to get vaccinated.

From: Ryan Loren
Sent: 3/1/2022 9:04:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Jerad Knutson
Sent: 3/4/2022 7:16:18 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

No vaccine mandate. No mask mandate. I will remove my children from public school if the COVID 19 vaccine is mandated.

Sent from my iPhone

From: Amy Reber
Sent: 3/3/2022 11:23:31 AM
To: DOH WSBOH
Cc:
Subject: No covid vaccine mandate....

External Email

You know it, we know it, all of us know if.... mandating an injection such as this for school age children to attend public schools is unnecessary and simply dangerous to human life!

Do what is right.

Dan and Amy Reber
Parents two the children in the North Kitsap SD

From: Jarrett Stewart
Sent: 3/2/2022 10:12:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

If immunization requirements change, to include COVID 19, we will pull our children from the public schools. We will either home school, send them to private or go across the border to ID.

I have spoken with a substantial number of parents across the state regarding this, which all have the same plan as us. In fairness, all are high earners and have resources. This doesn't help your equity and inclusion plans.

Start educating children and stop trying to control them.

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: elissa arnhem
Sent: 3/3/2022 1:39:10 PM
To: DOH WSBOH
Cc:
Subject: In support of freedom of choice

External Email

Hello Washington State Board of Health members,

Thank you for your service.

I appreciate you're doing your best.

Children's immune systems are very capable of responding by building immunity against the shifting variants of COVID when they're exposed without biological disruption by a man-made vaccine.

Why immunize them with an experimental (with bad results so far!) shots that do NOT prevent infection and spread of the disease?

It is well known that the vaccine doesn't prevent infection or stop the spread. At our school the only kids that got covid were the ones who were indeed vaccinated.

The shots are dangerous to health as demonstrated by clinical results, and indeed limit immunological flexibility - that is going backwards. We need flexibility to adaptively respond to the natural progression of variants, not a series of hastily thrown together "vaccines" chasing the variants kids naturally develop immunity to when their systems are left to function as nature intended.

This is total madness.

I hope you'll take a closer look at all the data (get curious about what every perspective is saying!) and uphold the TAG vote to NOT require COVID immunizations for attending school.

Thank you!

Elissa Arnheim

PS Americans are sicker than ever before, as a direct result of food and lifestyle choices (including rampant over-use of medications that have health-destructive side effects) - not because of communicable diseases! How about we talk about how sugar consumption destroys our immune response? How is it a safe alternative to pump our children and ourselves with experimental "vaccines" that don't even work?

From: Greg Brewer
Sent: 3/4/2022 10:18:45 AM
To: DOH WSBOH,DOH Secretary's Office
Cc:
Subject: Covid shot Mandates K-12

External Email

Please reject any and all covid shot mandates for K-12, This is still an emergency use only vaccine shot!

Do you have any figures on how many Children have had covid and recovered? How many children have died in Washington state from Covid and how many have died from the Covid shot?

The transmission rate for children is extremely low and even with the shot transmission still occurs per CDC.

Washington state has already lost 40,000 kids in rolled in public schools in the last 2 years, you require the shot, and this will get worse. Funding per child is 17,000 that is more than private school.

I would like a response.

Thanks

Greg

Greg Brewer
Gregory Brewer Insurance Agency, Inc.
4418 Ne St Johns Rd
Vancouver, WA 98661
360-694-8391 office
360-694-5965 Fax
Brewerinsurance@hotmail.com <mailto:Brewerinsurance@hotmail.com>

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From: jennykohl11@gmail.com
Sent: 3/2/2022 6:32:53 PM
To: DOH WSOH
Cc:
Subject: Covid vaccines for school attendance

External Email

As a pro-vaccine parent with a fully vaccinated daughter, I will NEVER consent to the Covid vaccine for her to attend school. This vaccine has not only failed to prevent Covid, the adverse reactions list recently released from Pfizer is criminal. There is no longitudinal data for safety. Children have 100% chance of surviving Covid. There is NO NEED for this vaccine. Anyone who pushes this vaccine onto my child or any child is guilty of crimes against humanity.

I will remove my daughter from the public school system if this vaccine is required for attendance. Her life and health are more important than school. She's a straight A honors student and she will do just fine in a homeschool program.

Parents are outraged and we will not back down. Leave our children alone.

Jenny Pederson

Sent from my iPhone

From: Kathy Cooper
Sent: 3/2/2022 8:09:44 PM
To: DOH WSBOH
Cc:
Subject: Mandating vaccines for our children

External Email

To WSBOH:

I strongly oppose mandating covid 19 vaccines for our school children.

Just today I read the Long List of adverse events from Pfizer in regards to people reacting to the vaccine. Is this really what we want to do to our children, to put them in harms way?

No, of course not. No caring person would do that.

Sincerely,

Kathy Cooper

Sent from my iPhone

From: Mitchell, Brittini M (DOH)
Sent: 3/1/2022 12:46:38 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine & schools



attachments\064B4857362E40D4_image001.png

Please respond 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: COVID vaccine & schools

From: sbyeman
Sent: 3/1/2022 12:25:22 PM
To: DOH Secretary's Office
Cc:
Subject: COVID vaccine & schools

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.
Stephanie Byeman
Sent from my iPhone

From: Ron W Hardy
Sent: 3/4/2022 11:35:48 AM
To: DOH WSBOH
Cc:
Subject: Vox Populi #12: Government Official Beware



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External Email

I understand that you individually and as a board are trying to grapple with the passage of mandating Covid vaccinations for school children, as those who appointed you are wanting you to do. This would absolve the schools and the medical services from liability. It would also lend "color of law", the illusion of legitimacy, to the Covid vaccine mandates.

Passing your Covid vaccine mandate for school children would be very ill-advised, not just at this time, but at any time in the future. We are watching. Now that we know the agenda of your masters, and therefore you, we will be continually watching.

I bring your attention to the Vox Populi – Legislator Be Advised #12 newsletter which I have included below.

You are to consider that this and the previous Vox Populi newsletters that I have sent you are your notification that you are at risk both professionally and personally for your actions. Read carefully.

For your convenience, I have included the new Vox Populi #12 and below that the previous email with Vox Populi #8 and #9. I have also included another previous email with Subject: Vaccinations for Children – A Second Opinion, which contains links to medical information and peer-reviewed published studies that were not available until very recently (one or two weeks ago). I hope that this information helps to convince you that a Covid vaccine mandate is not in the best interest of the children and is not in the best interest of the public health.

While the entire Vox Populi newsletter is important, you might want to recognize that you are named by your function, if not at this time specifically by name, in Points 2 and 3 where it says,

"Every action you take IS BEING scrutinized."

and

"YOU WILL BE HELD TO ACCOUNT FOR YOUR PART IN THESE DEATHS & MAIMINGS."

I wish you clarity in your deliberations. I pray for your safety because I recognize as you mentioned, that there is a significant "outrage component", as you termed it last week when addressing the failure of the Technical Advisory Group to recommend adopting a Covid vaccine mandate for children.

I encourage you to defeat the proposed Covid vaccine mandate and I advise you to refrain from revisiting this issue when you think that enough time has passed for people to forget and become less "outraged". People can be attacked by government in many ways and they will tolerate it. But, when they believe that you are attacking their children, they will be neither less "enraged" at a second attempt nor prone to forgetfulness of your culpability in the perceived harm to their children.

I admonish you, as you admonished your Technical Advisory Group, "Be Safe." I personally do not wish you to come to harm. But, I am aware that harm is possibly leaning toward you from both pro and con sides of this issue.

If you pass the mandate, the "outrage component" may bring fallout. Whereas, if you kill or withdraw the mandate, your job and paycheck may be affected. In fact, you may even feel that passing the mandate is the 'right thing to do' because of the tendency for one's heart and mind to follow one's wallet, which may cause you person anguish. You are in a tough spot. I do not envy your predicament.

Again, I wish you clarity in your deliberations and wisdom in your decisions regarding the proposed Covid vaccination mandate.

Cordially,

Ron Hardy

List of attachments (appearing in plain text instead of attached as unopened files):

[1] Vox Populi #12

[2] Vox Populi #8 and #9

[3] Vaccines for Children – A Second Opinion

===== [1] Vox Populi Newsletters #8 and #9 =====

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3. The collapse of the Covid narrative is nearing completion in which all the deadly effects of the Big Pharma products labeled as vaccines will be exposed. The People WILL BLAME THE POLITICAL ESTABLISHMENT FOR POISONING THEM. Legislator, Be Advised! YOU

WILL BE HELD TO ACCOUNT FOR YOUR PART IN THESE DEATHS & MAIMINGS.

4. You have very little time to recognize that the world as you knew it has gone.

Resources

Again, to repeat:

During a time of War, all actions taken by Officials will be viewed and judged against the larger background of the Conflict. Legislators and other officials, in all capacities, including supporting personnel, would be well advised to obtain, and read, the DOD Law of War Manual.

To download a PDF copy of the DOD LAW of War Manual:

<https://tjaglcspubpublic.army.mil/documents/27431/61281/DoD+Law+of+War+Manual+-+June+2015+Updated+Dec+2016/5a02f6f8-eff3-4e79-a46f-9cd7aac74a95>

Here is a link to encapsulated description of Devolution that may assist your thinking for the Immediate, and Long term future. We are at War. Every action and decision and Vote will have significant and serious consequences.

Patel Patriot's Devolution Series

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2Fs5IYdOyIHMSiPT1KBgTjJHHe0c8I5CxRyCufUXsS7042pR4QvTEVcki5pz3vaGfTTwqGerapcako-53YvZs7afrY3hrNXr8BWXctI37FFyGPdYksWG3f-aG5AnbnXYtJ9q2_1NjcGg-60FdL6EWviCQ7wCCKAZhY5zJroWWqufIMD0rufGYH9rkzx4b-LUcBom-KeLJDXT5L-rIE7nmE-r3nh1aqw5INXnY8RVmwXdZWK-dvG2dZxwxVR_7UadVSe5BAAbk2J2l2fnXm6yEz0DUoldrFOrsot_zn6afwCPJ6P_&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C08011be851c842a0df

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Comment

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===== Some of my previous emails to you are included below: =====

===== [2] Vox Populi Newsletters #8 and #9 =====

===== [3] Vaccinations for Children – A Second Opinion =====

===== [2] Vox Populi Newsletters #8 and #9 =====

Time being of the essence, I am sending you the two issues of Vox Populi most pertinent to your current deliberations.

This communication is intended to help guide you in your deliberations. It is not intended as a personal threat. This is to notify you of your current peril of falling afoul of the Rules of War and the wrath of We The Free People of the State of Washington and The United States of America.

At your last three meetings, which I attended, it was obvious that you were trying very hard to dance deftly toward a decision that you could live with. It would be naïve to ignore that there is a strong current pulling the appointed Board of Health and TAG in a particular direction, given the political waters. You are, to your credit, mostly trying to weigh the matters theoretically, clinically, practically, and within both the tight framework of this special circumstance presented by a virtually untested, unlicensed medical treatment with no liability for the manufacturers and the broader framework of overall societal impact. You know that not enough information has been presented to you to make the decision before you wisely. In the information that was presented, there were many presumptions, many of which are erroneous and already disproven by more recent peer-reviewed studies.

I pray for you people of the Washington State Board of Health and the Technical Advisory Group, that you shall be inspired and filled with the Holy Spirit of discernment. I request of the Lord that you be blessed with clear vision and righteous judgement as you make decisions which will affect all of our children.

This communication is also intended to notify you of your personal peril, based on your actions. Your official standing will not protect you from what the DoD Law of War Manual calls your “belligerent” actions. I encourage you to read these two newsletters thoroughly, download and read the DOD Manual of War that your actions will be judged by, and follow the URL link to familiarize yourself with Devolution. Both of these links can be found near the end of the document.

Please also refer to my previous communication by email, titled "Vaccines For Children – A Second Opinion", for more medical resources, including peer reviewed studies and medical information that was not available until a few days ago. These resources are listed under the sections, Additional Resources for Continued Learning, and Declarations.

Cordially,

Ron Hardy

Vox Populi - Legislator Be Advised #8 (and 9)

February 11, 2022

TIMING is everything.

Currently the WA State DOH TAG board is doing Klaus Schwab's bidding via Inslee's push for the demand for vaccination against covid to attend school in this state.

This push by the DOH TAG board is against a background of nations around the planet, and states here in the US, abandoning the 'covid narrative' in a steady series now swelling to a flood.

They are dropping the narrative as Crimes against Humanity court cases are being pursued against those people, including politicians, doctors, and government officials, who were instrumental in creating the events of these last two years.

Even now court cases are being prepared against US federal government officials for their part in the deaths, and maiming caused by the 'vaccine' products being claimed as 'safe and effective' when they are neither.

ALL of the 'data' upon which the 'covid' narrative of lockdowns, restrictions, divisiveness, destruction of business, livelihoods, and the vaxx push are being REEXAMINED for REPUBLICATION by the 'authorities' now that the public has become aware of their manipulation, and lying.

The ENTIRE covid narrative is collapsing. This includes all the misinformation, deliberate lies, and propaganda produced by the WEF, and its allies including the WHO, over these last two years. The rate of collapse speeds by the day.

Secrets Revealed: Yours are visible.

1. ALL decisions about vaccination by Legislators needs to be grasped as within the context of the Law of War manual. Those officials pressing the agenda of the Occupying Power to 'distress, wound, damage, maim, disable, or kill, by any, and all means' will suffer the consequences of retribution as Devolution proceeds.

2. Most recent past examples of the Crimes against Humanity laws being applied led to convictions of politicians, civil servants, doctors, nurses, press reporters, and others. Such convictions frequently result in the death penalty being applied. It is expected that this will repeat in relation to the millions of people damaged by the 'vaccination program' as it has already been applied.

3. Every Legislator needs to understand that they will be held personally liable for each, any, and all, deaths or injuries that result from their acquiesce to Foreign, and Occupying Power's agenda of Damage to the Populace, including attacks on children. The People are watching, there is no hiding from either participation, nor consequences.

4. With death rates as measured by life insurance claims already up 268% so far this year for adults, and steadily rising still, the WA state legislator needs to consider that the 'vaccination program' is NOT what has been sold to them by the pharmaceutical industry captured doctors and CIVIL SERVANTS. How many WA ST employees are captured, and on the payroll of Pfizer & Moderna? Are they advising you to take a path that leads to your personal Trial for Crimes against Humanity? Legislator, Be Advised.

5. Time is fleeting, fast reducing ANY margin for error that you may have had relative to your stance on the 'covid narrative'. As events unfold in these next weeks, your range of motion will be even further constrained as ALL YOUR PAST ACTIONS over these last two years will be the focus of public, and professional scrutiny.

6. There is much that may be done, however, your advisors are schooled, not educated, and do not know how, nor do they practice, critical thinking. This will compound your errors over these next few years. In times of War, mistakes frequently have fatal consequences.

In order to assist you in overcoming the difficulties of filtered information in this modern age, I will be sending emails such as this periodically, and as manifesting events may warrant.

Vox Populi - Legislator Be Advised #9

February 16, 2022

If they can't lie...they can't get it approved. Requests for vaccine approval of all types are now being withdrawn in many countries, e.g...

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None of the manufacturers of vaccines, of any form, for covid, are able to provide safety data, and now many countries not captured by Big Pharma bribery are demanding localized reports on the actual results produced by these experimental injections. Big Pharma's response is to withdraw their application to provide injections. This is very

telling.

If it is not approved, or if approved, here in the USA, by what is subsequently proved to be fraud, then under DOD Law Of War & Geneva Conventions, the following would have everyone participating potentially guilty of murder of children by unlicensed injections.

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At some point in the not too distant future, the Populace will decide that pediatric injections of an unlicensed, experimental, non-effective product will be prosecuted. As we note from recent developments in Canada, Power derives ONLY from the Populace.

Decision tree is the hanging tree.

1. As established by Nuremberg prosecutions, supervisors, and Legislators, who are shown to have personally profited by actions they are directing to occur through an organization under their control, may be prosecuted as an active participant in the underlying crime.

2. In trials of people in the chain of command, accepting of bribes was found to be de facto proof of complicity.

3. In trials of Legislators involved in providing supporting legislature approval to acts later deemed crimes, again, accepting bribes was found to be proof of complicity.

4. Decisions made by civil servants may be creating conditions that will result in charges against YOU. Legislator, Be Advised!

Resources

Again, to repeat:

During a time of War, all actions taken by Officials will be viewed and judged against the larger background of the Conflict. Legislators and other officials, in all capacities, including supporting personnel, would be well advised to obtain, and read, the DOD Law of War Manual.

To download a PDF copy of the DOD LAW of War Manual:

https://tjaglcspublic.army.mil/documents/27431/61281/DoD+Law+of+War+Manual+-
+June+2015+Updated+Dec+2016/5a02f6f8-eff3-4e79-a46f-9cd7aac74a95
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftjaglcspublic.army.mil%2Fdocume
%2BJune%2B2015%2BUpdated%2BDec%2B2016%2F5a02f6f8-eff3-4e79-a46f-
9cd7aac74a95&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C08011be851c842a0df2008d9fe162180%7D

Here is a link to encapsulated description of Devolution that may assist your thinking for the Immediate, and Long term future. We are at War. Every action and decision and Vote will have significant and serious consequences.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%2Fpatel-patriot%2Fdevolution-series>>
Patel Patriot's Devolution Series

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%2Fthe-american-dream-is-a-lie>

Devolution

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%2F>

On January 20th, 2021, President Donald Trump delivered his final speech at Joint Base Andrews before boarding Air Force One, leaving the Presidency and the fate of America in the corrupt hands of Joe Biden and his handlers. Like many, I was devastated and even more so, I was confused. It was obvious that the election of 2020 was rife with fraud even th...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%2Fthe-american-dream-is-a-lie-2024-07-10>

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%2Fthe-american-dream-is-a-lie-1>

7 months ago · 557 likes · 745 comments · Patel Patriot

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatelpatriot.substack.com%2Fp%

By [clif high](#) · Launched a month ago

Vox Populi - Legislator Be Advised

Sent from Mail

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

===== [3] Vaccinations for Children – A Second Opinion =====

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.

I have added links to additional resources below to give you a source for more information than was presented to the Technical Advisory Group (TAG) at their meeting held on February 17, 2022.

Additional Resources for Continued Learning

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%7C>

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%2F&data=>

The Great Barrington Declaration

<https://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%7C)

Thank you.

Cordially,

Ron Hardy

From: Angela Cheyne
Sent: 3/3/2022 6:31:29 PM
To: DOH WSBOH
Cc:
Subject: Do not mandate Covid vaccinations for our children!

External Email

To Whom it May Concern,

Do not approve a State wide vaccination Mandate for our Children. It is not proven, it has not gone through a complete up to stage 3 study. The CDC and FDA both have admitted there are horrible side effects to young people including Myocarditis, blood clots, and even death. They have stated Children are at a very low risk of severe disease and many Scientists , PhDs, and Doctors around the world agree that healthy children should be excluded from vaccine mandates. This mandate would destroy the education system in Washington, we are talking thousands of children pulled from public education, schools will lose funding, and this will create a further divide not only in our state but in our country!

Sincerely,

Angela Cheyne
A Very Concerned Parent

From: Becky Gallagher
Sent: 3/4/2022 9:48:11 AM
To: DOH WSBOH
Cc:
Subject: TAG recommendations

External Email

BOH,

You must ratify TAG recommendations against a covid vaccine mandate.

Risk outweighs benefit by leaps and bounds.

Countless cases of adverse reactions.

Recent study shows that vax protection in school age children is reduced to just 12% weeks after receiving it. (news.com.au)

Parents have spoken and 2/3 surveyed (whether they have chosen to vaccinate their own children or not), believe that the covid vax should not be a requirement for school attendance.

The TAG voted to recommend against this proposed requirement for many reasons, including hearing the parents of Washington speak loud and clear that we will not stand for this for our children. They have already been robbed of two years of their childhood.

These mandates have infringed on basic human rights and American freedoms. It is unconstitutional and unconscionable to force this on children when it is not necessary.

Parents will remove their children from schools in droves.

Respectfully,
Rebecca Gallagher

Get Outlook for iOS

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

From: Sharay Tirado
Sent: 3/3/2022 10:08:11 PM
To: DOH WSBOH
Cc:
Subject: NO COVID-19 VACCINE MANDATE FOR STUDENTS

External Email

Dear Washington State Board of Health,

I am a parent of a third grader and a fifth grader in the Peninsula School District in Vaughn Washington. Last year we homeschooled with book curriculum to keep normalcy and structure as we did not know what to expect during the school year due to the pandemic. My children although flourished academically, we grew as a family and enjoyed our time together; it did not replace the childhood experience of going to school with peers and teachers.

My children are doing amazing being back at school socially, academically and developmentally. Children need children for healthy mental and social emotional development, it is crucial.

I am desperately asking you to please not mandate the EUA Covid-19 Vaccine product for children to attend school in Washington State. We believe in keeping the community healthy and support keeping others safe, but in our core as parents we cannot ignore many unknowns of the Covid-19 vaccine for children.

It is parents jobs to keep their kids safe, our number one priority and we do this with informed decisions. It is difficult to make a decision to give a young child a vaccine when the FDA will not release their report for the \product for 50 years. The risk of myocarditis is very concerning, it is permanant scarring of the heart muscle, possibly predisposing children to premature cardiovascular disease. The testing for this product was done on a very small group of less than 2,000 participants and even at the FDA stated that "we wouldn't know the true risk of serious side effects until it is rolled out onto a larger population". There are noted vaccine injuries such as the 12 year old female who has a feeding tube and cannot walk, numerous reports of young athletes collapsing due to heart issues that led to death. We do not know or test what biomarkers for future disease the vaccine may cause for our younger precious popluation. The benefit versus risk for this population is not proven.

This is the information us concerened parents have to process as we make the best decisions for our children. We have also been living the last 2 years in a pandemic, trying to keep life going normal, balance jobs, health and our family's well being. It is life changing and terrifying to think that we may have to choose to provide our children with an education that meets their mental health needs, social emotional and academic needs, or give them an inoculation that we feel may be unsafe. It literally breaks my heart privately, when I see their happy faces and know it may all be gone, due to a mandate.

Whether you agree with parents like me or not, we are out here. Our feelings are very strong and we will not comply with a Covid-19 Vaccine mandate for our children to attend school. Some will be ok, some may have lasting mental heath and academic consequences that could lead to other health crisis such as depression, substance abuse, suicide and future unemployment. WE MUST FACTOR THE RISK VERSUS BENEFIT.

Please hear my Prayer.

Sincereley,

Sharay A, Nickles, MA, LMHC
Licensed Mental Health Counsleor
Mother
Wife
Citizen

From: DOH Information
Sent: 3/3/2022 8:40:46 AM
To: DOH WSBOH
Cc:
Subject: TAG meeting, vaccine comment



attachments\7103E91133854B7F_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: Thursday, February 17, 2022 1:25 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

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

Today's TAG meeting which did not provide access to the public for comment is unbelievably irresponsible. Voting on an investigative drug to be used on ANY children as a requirement for being able to attend school is so terrible an idea, especially when the result of children getting COVID is only flu like symptoms. Our children may have already had COVID and again there is no dialogue on natural immunity, nor are you discussing the effectiveness of these vaccines compared to the tested measles, mumps, rubella or chickenpox. How about that data? And having no data on injuries and deaths on the COVID vaccine is NOT an answer! Stop forcing investigative items on CHILDREN! You do not have enough data to require this COVID "vaccine" which is not approved, so that children can go to school. The amount of myocarditis is too high a cost!

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:

Janine Burkhardt

Email:

janinebur@msn.com <mailto:janinebur@msn.com>

Telephone:

(no answer)

5.

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

janinebur@msn.com <mailto:janinebur@msn.com>

From: Lydia Zibin
Sent: 3/3/2022 1:15:33 PM
To: DOH WSBOH
Cc:
Subject: Ratify the TAG's recommendation

External Email

Dear committee,
I'll keep this short.
I urge you to ratify the TAG's recommendation against a mandate for our children. The data supports it. Please do what is right.

Respectfully,
Lydia Zibin
Bellevue

From: Ana Le
Sent: 3/3/2022 1:57:54 PM
To: DOH WSBOH
Cc:
Subject: No Vaxx for Students

External Email

Hi. Please do not make COVID vaxx mandatory for school kids K-12. Masking and vaxx should be optional.

I withdrew my daughter from a brick and mortar school to learn virtually because of the draconian mask mandate and temperature checks.

I will have her enroll in public school in September if there are no more draconian mandates including C19 vaxxing. Otherwise, she will continue with virtual learning, and my family and I (6 total) will continue to vote against school levies. We voted against 2 levies for the first time in Feb.

From: BWilkinson
Sent: 3/2/2022 4:44:29 PM
To: DOH WSBOH
Cc:
Subject: Childhood Covid shots

External Email

To whom it may concern: I have watched the first two tag meetings regarding whether or not the COVID-19 shot should be put on the school vaccination list. I have observed much bias on the parts of the people contributing information, I have seen no opposing information, such as would show how low the risk is for children to get severely ill or die from Covid, or whether or not the danger is still present. I was pleased that the tag group did not make the recommendation to put it on the list. However, I am aware that you may make that decision as a board, even if the advisory group doesn't agree. I cannot attend the meeting on the ninth, but I am telling you, along with probably hundreds of other people, we will be quite tuned in to what your decision is. There are huge ramifications we don't even know about yet for our children, down the road, with this shot. In fact one of the answers I heard most frequently was, I don't know, we don't have information on that yet, . The worst, and I heard it from Dr. Dunn who said it's like a trip to Las Vegas. That tells me there's a lot of risk, and children should not be gambled on.

Rebecca Wilkinson
508-670-5048
Sent from my iPhone

From: Sandra Stanbury
Sent: 3/4/2022 11:10:03 AM
To: DOH WSBOH
Cc:
Subject: no VAX mandates

External Email

<https://bestnewshere.com/the-supreme-court-in-the-us-has-ruled-that-the-covid-pathogen-is-not-a-vaccine-is-unsafe-and-must-be-avoided-at-all-costs-supreme-court-has-canceled-universal-vax-2/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbestnewshere.com%2Fthe-supreme-court-in-the-us-has-ruled-that-the-covid-pathogen-is-not-a-vaccine-is-unsafe-and-must-be-avoided-at-all-costs-supreme-court-has-canceled-universal-vax-2%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc89a6fb47cb548ae3ef308d9fe128e0e%7C11d0e21>>

--

Sandra Stanbury

Brain Gym Consultant
Phone(425) 823 3712

Peace in the Body ,Sings in the Spirit

From: Deborah Cutler
Sent: 3/4/2022 7:27:16 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I respectfully ask that you ratify the TAG's recommendation against a mandatory COVID-19 vaccination for children. There is a lack of good data to support this and parents/caregivers should be allowed to make the decision for their children.

Kind regards,

Deborah Cutler

From: Rick Vermeers
Sent: 3/3/2022 3:04:27 PM
To: DOH WSBOH,info@onewashington.com
Subject: Re: Board of Health

External Email

I have corrected my comments to indicate a Wednesday meeting. That is still too short of a time.

On Mar 3, 2022, at 10:49 AM, Rick Vermeers <rlvermeers@mac.com
<mailto:rlvermeers@mac.com> > wrote:

The information that you provided gives links to the present Code, however it does not provide timely information as to the proposed changes to Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry

Provision of this information on Friday for a Meeting on Wednesday does not give adequate time for participants to prepare for the meeting. It is not believable that this information does not exist because the "request" has existed for month. Your reply does not provide a timely response.

My detailed request is to provide:

All proposed changes to Chapter 246-105 WAC
All information concerning the requesting parties and all emails or other correspondences regarding those requests.
All written justification for the request.

If all information requested above cannot be provided to all potential meeting attendees, by 5:00 on Friday March 4, then I request that any action on Agenda Item 9 be postponed until such information can be provided to all potential attendees. It is reasonable to assume that a potential attendee would be defined as any attendee at the last regular meeting of the State Board of Health, January 12, 2022 and any attendees who have additionally registered for the March 9, meeting of the Sate Board of Heath.

I repeat that, provision of the detailed information even by Friday March 4, at 5:00 is not timely, given the importance of any subsequent decision. I submit that this timing specifically designed to deprive attendees of adequate time to consider the changes to the WAC and, subsequently comment on them.

I formally ask that my above request and associated comments be read into the March 9, meeting record.

On Mar 2, 2022, at 10:53 AM, DOH WSBOH <WSBOH@SBOH.WA.GOV
<mailto:WSBOH@SBOH.WA.GOV> > wrote:

Hello,

Materials for the upcoming March 9 meeting will be available Friday March 4 by 5:00 p.m. here:<https://sboh.wa.gov/meetings/meeting-information/meeting-information/materials/2022-03-09>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fmeetings%2Fmeeting-information%2Fmeeting-information%2Fmaterials%2F2022-03-09&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C117e457c29c5423181c308d9fd6a2910%7C11d0e2172>>

Best regards,

Nathan Thai
Communications Consultant
Washington State Board of Health
Nathaniel.Thai@sboh.wa.gov <<mailto:Nathaniel.Thai@sboh.wa.gov>>
360-463-8928
Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C117e457c29c5423181c308d9fd6a2910%7C11d0e2172>>
, Facebook
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C117e457c29c5423181c308d9fd6a2910%7C11d0e2172>>
, Twitter
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C117e457c29c5423181c308d9fd6a2910%7C11d0e2172>>

From: Rick Vermeers <rlvermeers@mac.com>
<<mailto:rlvermeers@mac.com>> >
Sent: Wednesday, March 2, 2022 9:01 AM
To: DOH WSB OH <WSBOH@SBOH.WA.GOV>
<<mailto:WSBOH@SBOH.WA.GOV>> >
Subject: State Board of Health Information Request

External Email

Please send me copies of all documents that will be discussed at the March 9, Board meeting regarding the following Agenda Item:

9. Rulemaking Petition – The Board has received a request to adopt a new rule in Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry –Possible Action

There were no links for this item published in the Agenda. Was this an oversight or was this intentional?

From: Karine R
Sent: 2/28/2022 11:56:45 PM
To: DOH WSB OH
Cc:
Subject: Public Comment: 3/9/22 mtg - Potential inclusion of Covid-19 vaccine in WAC 246-105

External Email

Hello,

In follow-up to my January 6, 2022 email below, I'm reaching out to ensure that you saw the recent news that Pfizer's COVID shot is not effective in preventing infection in kids ages 5-11.

As reported in the Seattle Times, in a reprint of the New York Times, "[t]he Pfizer vaccine is the only COVID shot authorized for that age group in the United States. It still prevents severe illness in the children, but offers virtually no protection against infection, even within a month after full immunization, the data, which were collected during the omicron surge, suggest."

<https://www.seattletimes.com/nation-world/pfizers-covid-shot-far-less-effective-in-ages-5-11-than-in-older-kids/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.seattletimes.com%2Fnation-world%2Fpfizers-covid-shot-far-less-effective-in-ages-5-11-than-in-older-kids%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708d9fb58d85e%7C11d0e>>

Given this, and given that children have an extremely low risk of severe illness in the first place, it is not logical to coerce parents to vaccinate their children with something that is not guaranteed to prevent illness or infection, even within a month of receiving it, for something that poses such a low risk to them.

Therefore, I reaffirm my position below and I ask that you vote against including the Covid-19 vaccine in WAC 246-105.

Thank you for your time,

Karine Raetzloff
Registered voter and parent of two school age kids
Everett, WA 98201
Snohomish County

Sent from my iPhone

On Jan 6, 2022, at 11:49 PM, Karine R <karine_raetz@yahoo.com> wrote:

☐

Hello,

I'm reaching out to you with a public comment related to the potential inclusion of

the Covid-19 vaccine in WAC 246-105, which is being considered at your January 12, 2022 meeting.

I have taken the vaccine myself and believe it has its place in our community, especially in our adult and senior population; however, a Covid-19 vaccine mandate does not pass the nine required Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030 and I am against including it in WAC 246-105 at this time.

Specifically, the Covid-19 vaccine fails to meet the criteria set in:

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.

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.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

To point five, the vaccine is widely available to every vulnerable subset of the population. In general, children are not a vulnerable population. According to the CDC <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisi> COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-
juj3%2Fdata&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708d9fb58d85e%7C1
, as of 1/6/22, there were 823 provisional Covid-19 deaths in the 0-18 population for the period of 1/4/20-1/4/22, for the entire country. Many of these are deaths "with" Covid rather than "from" Covid. Even so, on an annual basis, this is less than the annual number of estimated deaths in a typical year from the flu <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2> 2020.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708d9fb58d85e%7C11d
. The flu vaccine is not mandated. I assume that this is because, similarly to the Covid-19 vaccine, the flu vaccine is not a guarantee against infection as the polio vaccine is, and we do not know, year-to-year, whether the respective vaccine will be the correct one for the flu variant.

Along these lines, and to point six, it is widely proven that vaccinated individuals still catch and transmit Covid-19. We know this because this was the science used to justify mask mandates; masks are currently still mandated indoors everywhere in the state of Washington, including in schools and regardless of vaccination status, because of this reason.

To point seven, it is hard to tell if the vaccine is currently acceptable to the medical community, as it pertains to children. Unlike the adult vaccines, none of the Covid-19 vaccines are fully approved for children ages 5-15, they have only received Emergency Use Authorization (EUA). Also, the FDA has chosen to not consult with their

expert advisory board on their most recent EUAs related to Covid-19 vaccinations and boosters for children, seemingly because their expert advisory board does not concur with their current decisions.

Additionally, it is hard to tell if the vaccine is currently acceptable to the general public. According to [usafacts.org](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fusafacts.org%2Fvisualizations%2Fvaccine-tracker-states%2Fstate%2Fwashington&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fusafacts.org%2Fvisualizations%2Fvaccine-tracker-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fusafacts.org%2Fvisualizations%2Fvaccine-tracker-states%2Fstate%2Fwashington&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708)

[states%2Fstate%2Fwashington&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fusafacts.org%2Fvisualizations%2Fvaccine-tracker-states%2Fstate%2Fwashington&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f99d29115824f92fe4708), despite being widely available, only 68.14% of Washington state's population has been fully vaccinated. This statistic belies the fact that our top three demographic groups in the state are vaccinated at rates of 53% or less (White: 53%, Hispanic: 46%, Black: 53%). Vaccination rates are considerably lower for those 19 years of age and under; only 1.55% of this population has been fully vaccinated.

These vaccination rates do not show a strong level of public acceptance. They also show that parents are choosing to not vaccinate their children, likely because they know that they are, fortunately, not generally susceptible to Covid-19.

To point eight, hospital administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

Lastly, to point nine, coercing parents to vaccinate their children with a vaccine that is currently only authorized with an Emergency Use Authorization, for an illness that they are largely not susceptible to, does not fall within a reasonable burden of compliance. It is not logical to coerce parents to vaccinate their children for something that poses such a low risk to them. At this point, our children are already doing what they can to protect their elders. They did remote schooling for a year until their elders could be vaccinated. They are not generally susceptible to Covid-19 and when they do catch it they shed much less of the virus than adults do. They spend their full school day masked. And, over 90% of our Washington state senior citizens, those 65 years and over, are now fully vaccinated. Many of them are also boosted, and they too continue to mask up. Therefore, arguing that vaccinating our children to protect our elders is an argument without substance.

Parents who want to vaccinate their children should absolutely be able to do so. And, if and when our medical community develops a vaccine that prevents infection from Covid-19 rather than just the more dire effects of the illness, this matter should be reconsidered. Unfortunately, that day is not today. Therefore, I ask that you vote not to include the Covid-19 vaccine in WAC 246-105.

Thank you for your time,

Karine Raetzloff

Registered voter and parent of two school age kids

Everett, WA 98201
Snohomish County

From: Dawn Flores
Sent: 3/4/2022 11:38:41 AM
To: DOH WSBOH
Cc:
Subject: BOH March 9 Meeting - Public Comment - Adding COVID shot to the school vaccine list

External Email

To Whom It May Concern and all Members of the Washington State Board of Health;

If the Board decides to take action on this matter on Wednesday, March 9th, I hope that you follow the recommendation of your Technical Advisory Committee and do away with this idea of requiring a highly dangerous shot of this nature to the childhood vaccination list.

It has been determined that children are 51 times more likely to experience harm from the vaccine (including death) than from COVID or any of its variants. Children under the age of 18 who have taken the shot are experiencing permanent heart damage and heart attacks at an alarming rate. A substantial number of lawsuits nationwide and worldwide have been filed, calling into question the true motivations of requiring the population to receive this deadly shot.

To proceed with this dangerous notion is at the very least child abuse and at best grounds for prosecution for crimes against humanity.

Please make the right choice and vote "no".

Dawn M. Flores
North Bend, WA

From: Shelley Billet
Sent: 3/3/2022 1:18:05 PM
To: DOH WSOH
Cc:
Subject: Covid-19 Injections

External Email

STOP ALL MANDATES AND REQUIREMENTS OF EXPERIMENTAL INJECTIONS FOR CHILDREN.

Any and all medical treatments/injections must be voluntary with full consent and decisions only in the hands of parents or students.

Thank you.

--

Shelley Billet

Protected under His wings!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dicon&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

From: Clint Smith
Sent: 3/3/2022 6:33:12 PM
To: DOH WSBOH
Cc:
Subject: Re: TAG meeting recap and adding the Covid vaccine as a requirement for school age children...

External Email

To do whom it may concern,

I am writing to request that you don't make the Covid vaccine a requirement for school age children. I am a medical professional (in Anesthesia) and father of 8. My wife and I have been vaccinated but none of our children who are of age have chosen to be vaccinated. We have had Someone in our home test positive for Covid on 3 different occasions over the past 18 months. That being said only one person has tested positive more than once. All of our children have been tested multiple times.

It has been shown that natural immunity is more effective long term for helping to prevent subsequent infections and since everyone in our household has been exposed to the virus on multiple occasions we feel that it's now in the best interest of our children to not get the vaccine but have left the choice up to them (the ones who are 12 or older). After the recent outbreak of the Omicron variant I believe that my family is not unique in this situation. There are many people that I work with in the medical community that feel the same way.

Thanks for your careful consideration regarding this decision.

Respectfully,

Clinton Smith

From: Elliott Hahn
Sent: 3/2/2022 6:02:20 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

Please do not make the grave mistake of requiring an experimental gene therapy injection to be part of WA public schools required vaccine requirements. Data is just now coming through regarding Pfizer CV19 injections and the numbers are not good, and actually show negative vaccine efficacy in children ages 5-12 years old. Having survived both CV19 and a severe adverse reaction from the experimental injection, I wish nobody would have to go through what we have experienced. Please keep this as parental choice until proper testing has been done and all data has been released so you can make an informed decision. If these injections are made mandatory we will be removing our children from public schools here in WA.

Elliott Hahn

From: theresalane@comcast.net
Sent: 3/4/2022 10:09:15 AM
To: DOH WSOH
Cc:
Subject: STUDY: Fully Vaccinated Carry 251 Times The Normal Viral Load Of COVID-19,
May Be Super Spreaders

External Email

Dear Mr. Pendergrass, Mr Grellner, Mr Shah, and All WA Board of Health deciding members,

Say No to Covid shot mandates for Children. Please Do No Harm. There is More Risk than Benefit for children. Covid shots do not stop transmission and may Increase it. If you mandate Covid shots you Will Harm Children while Protecting Pfizer. Say No!

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

<https://nationalfile.com/study-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfile.com%2Fstudy-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc7a5bb5e9573421b28e208d9fe09c6c0%7C>>

Thank you,

Theresa Lane

Concerned WA parent

From: Boonee W
Sent: 3/4/2022 11:15:54 AM
To: DOH WSBOH
Cc:
Subject: Opposition to CV-19 vaccine for school age children



attachments\0C64DB42BAF74790_output_image1646369356481.jpg

External Email

The attached link is the data released from the Freedom of information act for the Pfizer data on the Covid 19 vaccine for ONLY 90 days of its roll out. Now many doctors' offices require labs and heart stress tests for sports playing students that have been vaccinated against CV-19. The FOIA information

Adverse events for first 90 days~https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf?fbclid=IwAR0WDbpl79c__upuLLFcNRejzvQFXtDOMJTBbOEwhieKA2cyj_GgkIZgCTA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf%3Ffbclid%3DIwAR0WDbpl79c__upuLLFcNRejzvQFXtDOMJTBbOEwhieKA2cyj_GgkIZgCTA&d

Link to FRAUD lawsuit in reference to the safety testing of Pfizer CV-19 vaccine. A judge has agreed to move forward with the FRAUD lawsuit brought forth by a Whistleblower, the proof of FRAUD was so extreme that the judge decided that it was NOT protected by the Warp Speed protections offered by the government and now with all this information available you want to force school children to get it, please remember that if the BOH knows that there is fraud (and you have now been notified in this email) it makes the BOH also complacent if they require it for school age children, it is gross and disgusting for this board to even be considering this with all of the OPEN information available, this is not a conspiracy theory, this data is FACTS. If you read the links provided, you will see that Pfizer even admits the extremely high number of SERIOUS adverse events from this Vaccine are SEVERELY underreported and statistically they know that the numbers should be drastically higher. Shame on you all for not taking the TAG board recommendation to not move forward. Case 1:21-cv-00008-MJT

<https://ia801405.us.archive.org/0/items/gov.uscourts.txed.203248/gov.uscourts.txed.203248.16.0.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fia801405.us.archive.org%2F0%2F>

<https://s3.documentcloud.org/documents/21207246/exhibits-in-jackson-v-ventavia.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fs3.documentcloud.org%2Fdocuments%2F21207246%2Fexhibits-in-jackson-v-ventavia.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cee90b10d82b3456680bd08d9fe134227%7C>

<https://s3.documentcloud.org/documents/21207246/exhibits-in-jackson-v-ventavia.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fs3.documentcloud.org%2Fdocuments%2F21207246%2Fexhibits-in-jackson-v-ventavia.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cee90b10d82b3456680bd08d9fe134227%7C>

The other FOIA documents released by Pfizer, please that per court order this is just the first wave legitimate adverse event data that courts have required Pfizer to release. This is the same data the Pfizer spent MONTHS trying to stop it getting to the public, then was pushing for it to be suppressed for 75 years, however the courts felt that the public deserved to have INFORMED CONSENT when deciding if taking the vaccine was best for us and our families.

With all of this verifiable data, showing severe adverse events are NOT RARE, that this vaccine is NOT SAFE AND EFFECTIVE, it is negligible for the BOH to implement it, and require school age children to get it. It is negligible that by passing this, you will be adding this to the school vaccine requirements that in turn give Pfizer immunity from liability for harming our children with this vaccine after the Warp speed protection expires. With all of this empirical data being released showing the HUGE numbers of auto-immune disease, vaccine injury and DEATH it is fraudulent for the BOH to continue saying this vaccine is safe and effective for school age children when there is quite literally a FRAUD lawsuit for their safety study.

If this board is truly ruled by science, it will not approve a vaccine for children that is being investigated for Fraud for their safety studies, and suppressed data, and would never sacrifice the safety of children without LONG TERM SAFETY DATA, which you do not have, nor is there a gold standard safety study that has been completed, there is a safety study challenged by a FRAUD lawsuit. With all this NEW EMERGING data being available of how unsafe and ineffective this vaccine is, and the BOH has access to it, wouldn't it put you all at a position of liability for forcing a vaccine on children to attend a school that their parent tax dollars pay for? With all the current lawsuits going around about this vaccine, mandates, etc. It would not be outlandish for the public to pursue legal, recourse not only against the BOH, but also the people sitting on it. I mean Fraud is Fraud, and you all know that a Fraud lawsuit is taking place....

Boonee Williamson

From: Kerry & Debbie Horner
Sent: 3/4/2022 10:09:14 AM
To: DOH WSBOH
Cc:
Subject: Comments Regarding COVID-19 Mandated Vaccines for Washington Children in School and Daycare - MARCH 9, 2022 MEETING

External Email

Dear Sirs and Madams,

I am writing to implore you to end consideration of a mandated COVID-19 vaccine for children in Washington State schools and daycares. There are many reasons that I feel very strongly about this, but for the sake of brevity, my comments will be limited to the following:

The CDC Director, Ms. Walensky, has recently stated, "COVID is a lethal risk ONLY for the sickest among us, and that's true whether you're vaccinated or not."

As of February 26, 2022, the CDC's website presents the following data:
To date, the current number of deaths in the U.S. attributed to COVID-19 is 944,650. Of those deaths, the number of CHILDREN (ages 0-17 years) is 865. This hardly constitutes an emergency for healthy school-age children and in no way justifies the addition of the COVID-19 vaccine to the mandatory vaccination list.

The known and, as yet, unknown risks to children of these COVID products FAR OUTWEIGH any perceived benefit for children. We have all known for two years that healthy children are at the LEAST RISK of serious illness and death from this virus. The recent statements and data from the CDC confirm this.

I sincerely appreciate your thoughtful and concentrated consideration of my remarks, and I again respectfully request that the notion of mandated COVID vaccines for children be struck down.

Sincerely,

Debbie J. Horner

From: Hisaw, Melanie (SBOH)
Sent: 1/26/2022 4:56:46 PM
To: DOH WSBOH, Pskowski, Samantha L (SBOH)
Subject: Scanned Petitions to repeal 246-100-040 and 246-100-070



attachments\49250FCF8AFC453E_20220126162924846.pdf

attachments\B8F5A0E5298E420B_20220126162840373.pdf

Sam,

I checked the mail in the office today, and opened these petitions to repeal 246-100-040 and 246-100-070. I date stamped them Jan 26, 2022. I attached the envelope on the back, looks like they were mailed on Jan 13, 2022.

They were sent in 2 separate envelopes from:

Renault P. Evans and Sheryl J. Evans
1210 N Arc Street
Spokane Valley, WA 99016

Renault contact info:
509-904-9416
renaultpatrickevans@gmail.com

Sheryl contact info:
509-540-0136
handonbr97@yahoo.com (or it could be bandonbr97@yahoo.com)--hard to read

--Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Wednesday, January 26, 2022 4:29 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 01.26.2022 16:28:40 (-0800)
Queries to: ricoh@doh.wa.gov



PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE

In accordance with [RCW 34.05.330](#), the Office of Financial Management (OFM) created this form for individuals or groups who wish to petition a state agency or institution of higher education to adopt, amend, or repeal an administrative rule. You may use this form to submit your request. You also may contact agencies using other formats, such as a letter or email.

The agency or institution will give full consideration to your petition and will respond to you within 60 days of receiving your petition. For more information on the rule petition process, see Chapter 82-05 of the Washington Administrative Code (WAC) at <http://apps.leg.wa.gov/wac/default.aspx?cite=82-05>.



CONTACT INFORMATION *(please type or print)*

Petitioner's Name Sheryl J Evans
Name of Organization N/A
Mailing Address 1210 N. Arc ST
City Spokane Valley State WA Zip Code 99016
Telephone 509-540-0136 Email bardonbr97@yahoo.com

COMPLETING AND SENDING PETITION FORM

- Check all of the boxes that apply.
- Provide relevant examples.
- Include suggested language for a rule, if possible.
- Attach additional pages, if needed.
- Send your petition to the agency with authority to adopt or administer the rule. Here is a list of agencies and their rules coordinators: <http://www.leg.wa.gov/CodeReviser/Documents/RClist.htm>.

INFORMATION ON RULE PETITION

Agency responsible for adopting or administering the rule:

WA State Dept. of Health

☐ 1. NEW RULE - I am requesting the agency to adopt a new rule.

☐ The subject (or purpose) of this rule is: _____

☐ The rule is needed because: _____

☐ The new rule would affect the following people or groups: _____

☐ 2. AMEND RULE - I am requesting the agency to change an existing rule.

List rule number (WAC), if known: _____

☐ I am requesting the following change: _____

☐ This change is needed because: _____

☐ The effect of this rule change will be: _____

☐ The rule is not clearly or simply stated: _____

☒ 3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.

List rule number (WAC), if known: 246.100.070

(Check one or more boxes)

☐ It does not do what it was intended to do.

☐ It is no longer needed because: _____

☐ It imposes unreasonable costs: _____

☒ The agency has no authority to make this rule: _____

☐ It is applied differently to public and private parties: _____

☒ It conflicts with another federal, state, or local law or rule. List conflicting law or rule, if known: 8th and 9th Amendment to U.S. Constitution

☐ It duplicates another federal, state or local law or rule. List duplicate law or rule, if known: _____

☒ Other (please explain): the vaccine is not effective and is toxic
My Body . My Choice



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Name of Organization N/A
Mailing Address 1210 N. Arc ST
City Spokane Valley State WA Zip Code 99016
Telephone 509-540-0136 Email bandon br 97@yahoo.com

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☒ 3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.

List rule number (WAC), if known: 246.100.040

(Check one or more boxes)

☐ It does not do what it was intended to do.

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☒ Other (please explain): the vaccine is not effective and is toxic
My Body My choice

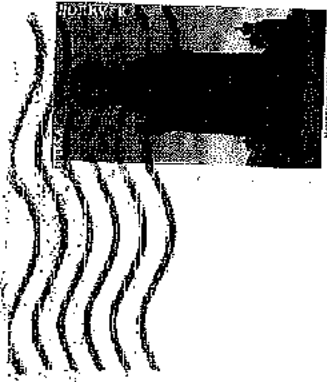
Evans
1210 N. Arc St
Spokane Valley, WA 99016

SPOKANE WA 990

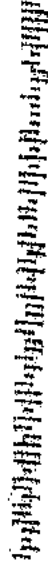
13 JAN 2022 PM 4 1

Rec'd 1/26/22
in office

WA State Dept. of Health
PO Box 47990
Olympia, WA 98504



98504-

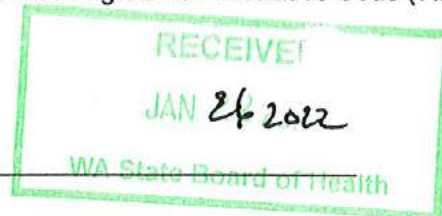




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CONTACT INFORMATION (please type or print)

Petitioner's Name Renault P. Evans
Name of Organization N/A
Mailing Address 1210 N. APC Street
City Spokane Valley State WA Zip Code 99016
Telephone 509-904-9416 Email renault.patrick.evans@gmail.com

COMPLETING AND SENDING PETITION FORM

- Check all of the boxes that apply.
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(Check one or more boxes)

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☒ Other (please explain): The vaccine is not effective and it's toxic. It's my body. It's my choice.



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Petitioner's Name Renault P. Evans
Name of Organization N/A
Mailing Address 1210 N Arc St
City Spokane Valley State WA Zip Code 99016
Telephone 509-904-9416 Email renaultpatrickevans@gmail.com

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☒ 3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.

List rule number (WAC), if known: 246.100.070

(Check one or more boxes)

☐ It does not do what it was intended to do.

☐ It is no longer needed because: _____

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☒ Other (please explain): The vaccine is not effective and its toxic. It's my body. It's my choice.

EVANS

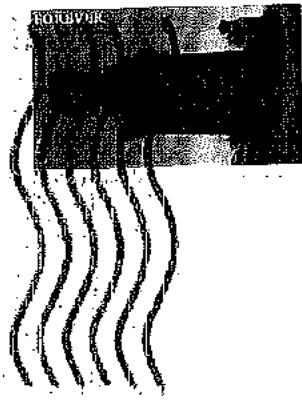
1210 N. ARC ST

SPOKANE VALLEY WA 99016

Rec'd 1/26/22 in office

SPOKANE WA 990

13 JAN 2022 PM 3 L

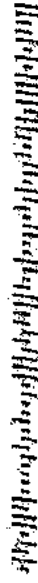


WA State Dept. of Health

P.O. Box 47990

Olympia, WA 98504

98504-



44

From: Jennifer Kaiton
Sent: 3/4/2022 9:33:57 AM
To: DOH WSBOH
Cc:
Subject: No kid mandates

External Email

Hello,

As a parent living in Washington State, I wanted to send a message asking for there to be ZERO mandates for our kids going forward. I believe they will thrive and be better off in the long run.

Thank you,

Jennifer Kaiton
(King County parent living in Maple Valley, WA)

From: Becky Hernandez
Sent: 3/2/2022 8:37:09 PM
To: DOH WSBOH
Cc:
Subject: Childhood covid 19 vaccine

External Email

I am writing as a very concerned mother of three children that attend Washington State Public Schools. I urge you to ratify the TAG's recommendation against mandating school age children to get the covid 19 injection. This injection is not necessary for school age children especially since most of them now have natural immunity which is the best protection they can have against this virus. We do not know what the long term effects of this injection is and should not be experimenting on our children. Mandating this injection will result in many parents pulling our kids from the public school system. This mandate idea needs to stop here or you will be encouraging parents to figure out a better education system, which frankly might be the better option.

Best regards,
Becky Hernandez

Sent from my iPhone

From: clheppler bcla4u.net
Sent: 3/3/2022 2:02:58 PM
To: DOH WSBOH
Cc:
Subject: Please Ratify the TAG Recommendation

External Email

Dear Board of Health Members,

Please ratify the TAG recommendation AGAINST a mandated covid vaccine for daycare and K-12 students in Washington. These new vaccines confer no additional benefit and evidence is growing that instead they skew to harming children. The good news is, The SARS-CoV-2 infection is generally mild or asymptomatic in children, allowing them to recover and inferring natural immunity, which is long lasting and robust.

We also do not have enough long-term data, how will this effect these children in five, ten or even twenty years; due to the obvious reason that it has been only one year since this new vaccine was introduced into the population. Before this Covid outbreak, the ethical standards were to wait a minimum of 6-16 years before recommending a vaccine for children. Now, only a year has gone by, and the consideration to actually mandate them to go to school is unscientific, unwise, unethical, and dangerous. Also, very disturbingly, the Centers for Disease Control and Prevention recently admitted that it withheld critical COVID-19 vaccine safety data from the public. Added to that, Pfizer is withholding data from the public, and had to be forced to release their findings by a court order.

The hesitation to fully disclose all data concerning a new drug by CDC and Pfizer, should cause the Board of Health to use all extreme caution, the authorities that should be giving full and correct information are withholding it from you. When children's lives are at risk, waiting a MINIMUM of 6 years to see what happens to the population before mandating a new drug just to attended something as vital as school, would be the most moral, ethical, and responsible thing to do! The need for wise caution is especially vital because we know children are not at high risk for this virus, so the risk vs benefit is highly weighted to the risk side. With such limited time and data, the risk has increased for children to be injected, therefore it must be left to each parent to make a decision that is best for their child, without any mandate. Please vote no.

Thank you for your time and consideration,

Charmaine Eppler

Parent

From: DOH Information
Sent: 3/2/2022 1:44:30 PM
To: DOH WSBOH
Cc:
Subject: Vaccine for school aged children comment



attachments\C2D798DFEF0F4518_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

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

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

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, March 1, 2022 10:04 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 force our children to get the covid vaccine, the omicron is no more than the flu, the children are not dying from it, and they are not passing it on to anybody, not their teachers or their grandparents. The vaccine does more harm than good for children, The first rule of medicine is first do no harm. Please do not harm these children. The vaccine causes reproduction problems, Please reconsider thankyou

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:
Irene J Randall

Email:
brain_dart@hotmail.com <mailto:brain_dart@hotmail.com>
Telephone:
+360990447

5.

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

brain_dart@hotmail.com <mailto:brain_dart@hotmail.com>

From: Catherine Keating
Sent: 3/4/2022 8:40:42 AM
To: DOH WSBOH
Cc:
Subject: potential k-12 mandates

External Email

To Whom It May Concern:

I got my two doses of the Pfizer vaccine last spring, in hopes of making summer "easier" for my family - to be allowed to enter restaurants, help at activities, etc. My plan backfired, big time, as I experienced a severe reaction after the second dose and spent the next six months in intensive treatments with multiple healthcare providers and doctors of different kinds (not to mention the monetary cost) trying to clear my body of the excruciating pain. Nearly a year later, I am still not entirely symptom free, although much better.

Currently, Pfizer is the only vaccine available for children. I cannot, out of all maternal protection and responsibility, inject my son and daughter with the same substance that my body so brutally rejected. There is no alternative to Pfizer. If schools mandate this vaccine, I would be forced to either give them a medical intervention I know to be potentially harmful to them personally, seeing as how we don't know why my body reacted so strongly but we do know they are 50% my DNA, OR, to take them out of the school they know and love and feel deep connection with. My husband and I both work, eliminating homeschooling as an option. Quite frankly, I'm not sure what we would do.

For the past two years we have responsibly maintained their health and ensured it has been safe for them and for our loved ones, as they have re-entered school, sports, and friend-time. I have the utmost confidence we can continue the practices and routines that have kept us all safe and healthy throughout this time, without removing their access to education.

I cannot buy a 'one size fits all' T-shirt for my children, as they never do actually fit their tinier than average bodies.

I cannot give them a "one size fits all" vaccine after knowing how horribly I responded to it. It would be unethical as a parent to do so.

One size does NOT fit all, and a mandate for the Pfizer shot, when we have been able to stay safe so long without it, simply will not work for all - and it seems entirely inappropriate to restrict educational opportunities as a result.

Please consider all the children in your decisions.

Respectfully,
Catherine Keating

PS - If needed, I am happy to provide photos and/or reports from my physicians from my vaccine reaction recovery.

From: Farhad Mazandarany
Sent: 3/4/2022 10:38:03 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination for children



attachments\590E93793A344A7F_Captur1.PNG

External Email

I'm writing to urge the Washington State Board of Health to affirm the recommendation of its Technical Advisory Group against requiring Covid-19 shots for daycare and K-12 children. In my previous two emails, which I have attached as word documents in this email, I detailed evidence for my position. In short:

1. There is overwhelming evidence from around the world of advanced nations, including Sweden, Germany, UK, and US that healthy children have nearly zero risk of death and extremely low risk of serious adverse effects from Covid-19 . These extremely low risks were recorded for the two year period of 2020-2021 when the more serious variants alpha and delta were dominant. The current dominant Omicron variant is much less deadly to all age groups and at worst causes only a minor flu like symptom in most children.
2. Covid shots do not "prevent disease that has significant morbidity and/or mortality", as required by criterion 5 of the Board, in any population; nor do they prevent transmission.
3. There is significant increased risk of myo and pericarditis in this age group upon vaccination as reported by CDC(see email 2 attached and table below)

The incidence of this potentially lethal condition is significantly higher in the vaccinated ("Observed" column) compared to the background rate ("Expected" column)based on data through June 11, 2021. In the 12- to 17-year-old male cohort, the risk of myo/pericarditis is at least 11 times higher than the background/expected rate

I thank you for the opportunity to participate and trust you will affirm the TAG recommendation.

Respectfully,

Farhad Mazandarany

From: 54family.excite
Sent: 3/4/2022 7:31:11 AM
To: DOH WSBOH
Cc:
Subject: Covid Shots and natural immunity

External Email

To Washington Board of Health,

Please do the right thing and release the correct data on Covid deaths. Natural immunity counts and to force people to have boosters and shots is bad science. My husband had Covid after his Pizer shots. His work is asking for him to have a booster even though his DR. gave him an antibody test and said he did not need a booster. His work will not accept what Dr. said/wrote. My husband will leave his job if need be. This is an overreach and bad science.

My son who never called in sick, perfect body wt., wore mask, bi-weekly tests lost his job in Health Center at eliseo formerly Tacoma Lutheran Retirement Community. He has never had Covid. His co-workers have all had and sometimes 2x's. No religious exemptions were given even though they had a lawyer-written letter to turn in exemptions... They never looked at heartfelt letters. They gathered them and gave to lawyer with zero intention of granting any. It makes zero sense. The shots did nothing to stop the spread on vaccinated folks. MY SON LOST HIS JOB???


The risk is higher to children to have shot than not. Trust in the public is not high as we have been lied to, forced, data manipulated and cheaper treatment denied. This is called corruption. Many will have to answer for BAD science that was pushed on public. Stop the mandates.

I have to work with a mask, shield all day. The people we serve have nearly all had the virus, many the Omnicron with a runny nose, boosted, shots yet we still or masked, shielded. Even the ones who believed every word now are saying this makes zero sense. Please do the right thing and release the manipulated data and drop the mandates on shots. That variant is gone.


Sincerely,

Theresa Pfeiffer
Pierce County Resident

From: Tyrone Martinez
Sent: 3/4/2022 10:55:03 AM
To: DOH WSBOH
Cc:
Subject: Mandatory Covid Vaccinations for Children

 *attachments\AC5D3D56619C4ADF_DOH Update to
WASBOH_Lindquist_Oc_PRDPOOL_NAMEPOOLONG.pdf*

 *attachments\EA6B74BB832041AA_r_new. Pfizer aEUA 5 -11yo Division memo.pdf*

 *attachments\5B8A19D9A2504170_Vaers analysis.pdf*

External Email

To whom it may concern,
I am opposed to adding Covid vaccines to the mandatory immunization for school children. I am concerned that government officials still want to vaccinate children with a vaccine that is now irrelevant due to Omicron. The vaccine was developed for Delta not Omicron, and Omicron was too fast for Pfizer to develop a vaccine. Viruses get less lethal over time in order to survive, at least according to science. If another more deadly variant developed, the current vaccine would not be useful. Shockingly, even Bill Gates came out recently and stated "sadly Omicron was a better vaccine". Science indicates that the Covid vaccine does not do much to protect children, that natural immunity provides more protection than the current vaccines, and that children have a higher risk of adverse events taking the vaccine than if they actually contracted Covid - especially Omicron (See Pfizer October Memo for Emergency Use Authorization studies for children 5-16 whereby they indicate their study population had a .5 risk of SAE - Serious adverse event). See attachment #3. Contrast that statistic with Washington's own chart provided by Scott Linquist 10/13/21 showing that 3 out of 100,000 end up in hospital for 7 days, which comes to .003 less than the risk of taking the vaccine. See attachment #1.

Looking at Vaers reporting, Covid vaccines have had more reported incidents of adverse events than all other vaccines combined since 1991. See attachment #1. We need to slow down with injecting people, especially children with inadequately tested vaccines. Imagine in 5,10, 20 years if problems develop that clearly are linked to the vaccine. What would those people do? Pfizer is immune from liability. Something doesn't pass the smell test. However, someone will have to be liable especially if they negligently forced people to take impotent unreliably tested vaccines when actually looking at actual scientific studies vs. the propaganda that has been promoted. I may be wrong, but imagine if I was right, and how would you feel if you took part in such a decision that needlessly adversely affected so many children?

Thank you for your sincere thoughtful consideration on this matter.
Tyrone Martinez

Ty Martinez, Esq. (licensed in CA and WA)
Yvonne Todd, Esq. (licensed in CA)
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7121 Magnolia Ave.
Riverside CA 92504
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Fax: (951) 346-9001
www.tymartinezlzaw.com

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www.inlandempiredomesticviolence.com

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

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Thank You.

From: Sallie Rowe
Sent: 3/4/2022 7:10:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I do not believe that the Covid-19 shot should be included in the list of immunizations required for children in the state of Washington to enter childcare or school. There simply is not enough data to insure its safety for children. In addition to that, data that has been collected does not show evidence that Covid-19 is a threat to children or young people under 18. It makes no sense to give immunization to people that are highly unlikely to be vulnerable to the illness.

Sallie Rowe

From: Lois Davis
Sent: 3/3/2022 4:10:02 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

I am absolutely against the Covid vaccines being required for school attendance. There are too many dangerous side effects per the cdc website. It should only be parental choice, never required! I work at a primary school, and have grandchildren in school. Please don't force this on innocent children, when far less than 1% of them will die from Covid. Thousands more will die from the side effects of the shot.

Sincerely,
Lois Davis
2210 Old Naches Hwy
Yakima, WA. 98908

From: JULIA FOGASSY
Sent: 3/2/2022 6:35:44 PM
To: DOH WSBOH
Cc:
Subject: Please follow the recommendation to say NO to kids' covid vaccines

External Email

Dear WA State BOH,
The health and well-being of the children of this state is to a large degree in your hands as regards the covid-19 vaccine. I write to encourage you to please follow the recommendation of advisory board to NOT make it mandatory.
All the evidence shows that normal, healthy children are not at risk for bad cases of covid. Of the children vaccinated thus far, we are told that more children suffer ill effects or even death, while virtually no children experience serious harm from the disease itself. It is contrary to common sense and good medical practice to require vaccination where no clear benefits can be demonstrated.

Sincerely,
Julika M fogassy
Seattle, WA

From: Anne Lunt
Sent: 2/28/2022 9:40:49 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear members,

Please don't force parents to choose between injecting a very new, very quickly produced vaccine into our children or moving out of the Washington State schools.

I am unwilling to risk the possibilities of side effects or future harm to vaccinate against a virus that is overwhelmingly not harming healthy children.

My children are fully vaccinated with the currently suggested, well studied vaccines and I am vaccinated for Covid 19.

I moved to our district intentionally. I have had my children in a charter school and I have homeschooled. I am a full time working, newly widowed, single Mom and I cannot effectively homeschool any longer.

I value public school and the experiences that come from a traditional school setting, please, please don't force me to relocate my children again.

Since 2020 my children have lost their father in a plane crash, stood by me as I underwent surgery to remove a very rare melanoma, and endured a pandemic. The only "normal" they have had in their young lives is their school life, which has been far from normal.

It would break my heart to have to move them to their fifth school in seven years, especially after everything they have been through up to this point.

Please consider the impact on these young people who have had no voice in this pandemic.

While, I understand there are children with various conditions that weaken their immune systems have a right to attend public school as well; the current variants are much weaker, the vaccine seems to be less effective against those variants and viruses are ever present.

We will always have to live with viruses, but it's not just viruses that are harming our children. We all know mental health, reading facial expressions and making personal connections are equally important in our children's health and well-being. Those things are precisely why I have enrolled my children in public school. I cannot recreate those lessons at home.

Please do not require our children to be vaccinated against Covid 19 until we have years more data to evaluate.

I fully support parents who chose to vaccinate their children and their belief that it will protect them against Covid. I ask that they support my choice to wait until we have more data before I vaccinate my young children.

Thank you for your time.

Respectfully,

Anne Lunt
Anne.lunt4@gmail.com

Sent from my iPhone

From: Sue Wiersma
Sent: 3/3/2022 6:09:59 PM
To: DOH WSBOH
Cc:
Subject: Covid shots and kids

External Email

Please follow the advise of the Technical Advisory Group (TAG) and reject the idea of requiring the unapproved Covid shots for children to attend K-12 in our public schools. Many have experienced adverse effects from these Covid injections and requiring the shots is not justified by any means since children are not at risk. If you vote to require these and force families to choose between health and education for their children, you will sadly carry that the rest of your lives as you witness the results of this decision. Most people know someone personally now who has suffered from the unapproved injections, and that means people understand the implications of what you are contemplating. Please protect our children, do not infringe on the rights of families to make medical decisions. Do not coerce compliance by holding back the right to a public education that we as taxpayers have funded.

Thank you,

Sue Wiersma

From: Testify Online Survey
Sent: 3/4/2022 11:56:32 AM
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:

Adding Covid19 vaccination for school and daycare entry requirements of childhood immunizations

3.

Your Name:

Susan Pahlow

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2649 237th PL SW, Brier, WA 98036

7.

Email:

spahlow@gmail.com

8.

Phone Number (Include Area Code):

425-486-8970

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

Where there is risk there must be choice and the mere fact exemptions are available is not good enough since there are those not aware of the exemptions or its process or may

not fully understand understand or are not informed of them. Furthermore, TAG voted NO for adding this requirement to the schedule and still wonder about just 1 of the adverse events/myocarditis, which is still being beingtracked in trials until 2026. Then there's the FDA voting against vaccinating kids but CDC still proceeded, why?? Pfizer still fighting the realease of their trial data, why?? This vaccine is still under EUA which requires, must be fully informed before consent, have rights to refuse, and no known treatments...so how do you even get to add this at this time?? It's still in the human trial now and you need to WAIT for FULL disclosure and reviews of trial data which regarding our children needs 10 or more years. Myocarditis when it happens is a lifetime illness and there is NO DATA on longterm reproductive impacts either!!!! Our Children are at risk if you vote to add this. Especially since they have the most robust immune systems and survivability statistics.

11.

Are you Pro or Con on the proposal?

2. Con

Where there is risk there must be choice and the mere fact exemptions are available is not good enough since there are those not aware of the exemptions or its process or may not fully understand understand or are not informed of them. Furthermore, TAG voted NO for adding this requirement to the schedule and still wonder about just 1 of the adverse events/myocarditis, which is still being beingtracked in trials until 2026. Then there's the FDA voting against vaccinating kids but CDC still proceeded, why?? Pfizer still fighting the realease of their trial data, why?? This vaccine is still under EUA which requires, must be fully informed before consent, have rights to refuse, and no known treatments...so how do you even get to add this at this time?? It's still in the human trial now and you need to WAIT for FULL disclosure and reviews of trial data which regarding our children needs 10 or more years. Myocarditis when it happens is a lifetime illness and there is NO DATA on longterm reproductive impacts either!!!! Our Children are at risk if you vote to add this. Especially since they have the most robust immune systems and survivability statistics. Adding my above words here in case that wasn't the correct box.

12 Years Old

VAERS ID 1592534

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
female with the following submitted write-up on August 18, 2021: Two days after getting first dose of Pfizer COVID vaccine, patient developed shortness of breath at night when trying to lie flat. Initially attributed to anxiety or possibly asthma and so did not seek care until 9 days later. Continues to report shortness of breath when lying flat, chest tightness, occasional chest pain with radiation to back. Pain improves with sitting forward. No dyspnea on exertion.

VAERS ID 1855572

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
male has onset four days after June 7 Pfizer shot and is then hospitalized for four days. Submitted write-up: Myocarditis with elevated troponins and mildly decreased cardiac function on echocardiogram. He was treated with steroids, IVIG, Lisinopril

VAERS ID 1926072

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
female with the onset two days after the Pfizer shot on July 30, 2021 with the following write-up from the doctor's visit: Chest pain consistent with pericarditis, incessant.

13 Years Old

VAERS ID 1386366

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
female with a reported onset on the day after taking the June 6, 2021 shot. Submitted write-up: Myalgias and low grade fever on first day. Chest pain requiring ER visit on second day. Exam, ECG, lab work, echo consistent with pericarditis.

VAERS ID 1855286

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
male with a reported onset on the same day of the Pfizer shot on June 21, 2021. The following is the submitted write-up: Patient had shortness of breath and decreased exercise tolerance after second dose of Pfizer Covid vaccine. There was a bump in troponin and some mild chest pain. Symptoms has resolved and troponin normalized. Echocardiogram is reassuring with no signs of myocarditis or pericardial effusion. Based on presentation, he likely had mild myopericarditis secondary to COVID-19 vaccine. He is already back to his baseline activity level without any concerns.

14 Years Old

VAERS ID 1408000

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
male diagnosed with myocarditis four days after his June 13, 2021 Pfizer shot.

VAERS ID 1415290

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
male with the following submitted write-up: Fever and chills onset twelve hours after shot. Then chest pain radiating to axilla worsening with exertion with associated orthopnea onset 6/18, aprx two days after shot. Admitted on 6/20/21 with elevated troponin to 16, with suspected covid vaccine related myocarditis. He is getting IVIG and ketorolac. Pt is stable now without any EKG interval changes, EKG sinus tachy with left axis deviation.

VAERS ID 1837013

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
male with a submitted write-up from his parent on November 2, 2021 that ends as

follows: We ended up having to follow up with a cardiologist and when we describe the event she determined based on what she had seen in other patients and that the ibuprofen stopped the symptoms that it is likely he had myocarditis as a result of the second vaccine.

VAERS ID 2082967

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F2082967>
male with the following submitted write-up: Chest pain. Found to have myocarditis
Cardiology consulted Received IVIG on 1/31.

15 Years Old

VAERS ID 1334563

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1334563>
male with the following write-up. Received vaccine on 5/14 around 6 pm. Started
noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17
subsequently admitted to PICU with intermittent chest pain and elevated troponin in the
setting of recent Covid vaccination as well as a history of WPW status post ablation with
recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment
changes and has elevated troponin, which likely points to myocarditis as a diagnosis.
Continues with elevated troponin level, no medication intervention at this time, no longer
having chest pain.

VAERS ID 1395260

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1395260>
female with the following submitted write-up: Has signs of myocarditis with pain near her
heart and a pressure in her chest with breathing that feels a bit labored with deep
breaths, but she isn't experiencing difficulty breathing. She complained of the symptoms
on Thursday morning and then we saw on the news that night that this was a newly
discovered side effect for younger patients receiving the vaccine. She has not met with
the doctor yet because she didn't want to miss final tests at school and the offices were
closed for the weekend. However, we have been monitoring her closely and had hoped it
would disappear by now, but we will be seeking treatment tomorrow since it has not
gotten worse, but it also hasn't improved after four days of rest.

VAERS ID 1397025

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1397025>
male developed chest pain with elevated troponin levels two days after receipt of his
second Pfizer shot, which was on June 10, 2022. He was admitted to the hospital with
the diagnosis of myocarditis.

VAERS ID 1410403

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1410403>
male diagnosed with myocarditis three days after his June 15, 2022 Pfizer shot.

VAERS ID 1411034

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1411034>
male with an EKG elevated troponin level and diagnosis of myocarditis one day after
receiving a June 15, 2021 Pfizer shot.

VAERS ID 1415476

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1415476>
male hospitalized for one day after June 16, 2021 injection. After a long listing of
diagnostic lab data the write-up only states, "Chest pain, elevated Troponin I."

VAERS ID 1417159

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1417159>
with the following submitted write-up: 15-year-old male with history of asthma who

presented to the ED on 6/5 with pleuritic chest pain and shortness of breath and admitted for further evaluation and management for suspected COVID vaccine associated myocarditis. Elevated troponin levels peaked 9.12 on 06/06/21, but on discharge decreased to 0.51. Pleuritic pain was also improved on 6/8. Echo demonstrated mild tricuspid valve insufficiency and trivial pulmonary valve insufficiency, but otherwise normal function. EKG on 06/06 with nonspecific T-wave abnormality, likely related to myocarditis. Follow EKG was stable from 6/6. Cardiac MRI was read preliminarily and had evidence of edema, but good LV function and an LVEF of 61%.

VAERS ID 1417660

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1417660>>
male has the onset listed for the same day as his June 18, 2021 Pfizer injection.
Submitted write-up: Presented with chest pain, elevated troponin, and diffuse ST segment elevation. Found to have myocarditis with decreased LV function. Now status post IVIG and is receiving steroids.

VAERS ID 1434274

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1434274>>
male has an onset listed for the day after his June 25, 2021 Pfizer shot. He is hospitalized for four days before the following submitted write-up: Post COVID-19 immunization myocarditis.

VAERS ID 1855566

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1855566>>
male with the onset occurring three days after first Pfizer shot on July 24, 2021 with the following write-up: Myocarditis, presenting with chest pain and

16 Years Old

VAERS ID1283185

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1283185>>
male whose onset occurred the day after his April 30, 2021 shot. Write-up excerpt: STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending.

VAERS ID 1284476

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1284476>>
male got his first Pfizer shot April 30, 2021. By the next morning, he experienced non-bilious emesis for a few hours, as well as fever, chills, body aches, and HA. The body aches and HA continued through the day when he began experiencing chest pain while lying down. Chest pain improved on sitting up, standing, sitting forward. The report lists over thirty symptoms, including myocarditis.

VAERS ID 1334612

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1334612>>
male with the following submitted write-up: Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less than 50). D-Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.

VAERS ID 1396550

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1396550>>
male diagnosed with Acute Myocarditis with chest pain and elevated troponin (peak level

27) occurring 3 days after second Pfizer shot. He was treated with Ketorolac and morphine, clinically improving at the time of report.

VAERS ID 1450925

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1450925>>
male with an onset occurring two days after his July 1, 2021 second Pfizer shot.
Submitted write-up: Patient developed myocarditis with peak troponin of 6.4, normal echo. He required hospitalization for evaluation and management of pain.

VAERS ID 1515018

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1515018>>
male with the following write-up fourteen days after taking his first Pfizer shot on June 5, 2022: Chest pains, hard at breathing, high blood pressure, swollen lymph nodes, swollen sinus glands, pericarditis.

VAERS ID 1535464

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1535464>>
male with an onset three days after his first Pfizer shot. The write-up reads, "Chest pain with EKG changes and elevated troponin consistent with myocarditis."

VAERS ID 1865909

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1865909>>
male developed chest pain three days after his June 15, 2021 Pfizer shot confirmed as myocarditis. He was managed with high dose steroids and IVIG.

VAERS ID 1954762

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1954762>>
male with the onset occurring four days after December 6, 2021 Pfizer shot. The submitted write-up: Muscle cramping, EKG shows pericarditis.

VAERS ID 2051037

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F2051037>>
male with the following submitted write-up: Patient had episode of pericarditis with effusion in June 2021, two weeks after second dose of Pfizer vaccine; recurrence in October but related to COVID infection with pleural effusion consistent with MIS-C. Had been on colchicine at time of this episode.

VAERS ID 2099357

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F2099357>>
male with onset one day after February 6, 2022 Pfizer shot. The following is the submitted write-up: Pericarditis, IVIG- had chest pain, fatigue, SOB onset aprx 12-24 hours after shot. Presented to urgent care- EKG remarkable for pericarditis and troponin elevated. IVIG started once troponin >10 (peaked at 12). Downtrended after one bag. Echo shows no wall motion abnormalities. Completing daily ekg- so far unchanged from admission. Plan for discharge once troponin <3 and will follow up with cards for evaluation for stress test, holter and repeat echo.

17 Years Old

VAERS ID 1344363

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1344363>>
male, who, two days after his second Pfizer shot on May 23, 2021, experienced acute onset chest pain: 8/10 at the time. The patient was diagnosed with acute pericarditis at that moment.

VAERS ID 1365543

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1365543>>
male with a write-up of "myopericarditis." Symptom listed was myocarditis. He received

his shot on May 29, 2022. His onset occurred on June 1, 2021.

VAERS ID 1376892

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1376892>>
male with the following submitted write-up: Patient presented to Urgent Care and then was sent to the ED for evaluation. Found to have pericarditis on EKG. Labs including troponin reassuring. Patient discharged home with referral to Cardiology for outpatient follow up.

VAERS ID 1392137

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1392137>>
male with an onset one month after receiving the May 1, 2021 shot. Submitted write-up is "Pericarditis."

VAERS ID 1395988

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1395988>>
male with the following submitted report: He had the second shot, had very mild headache, and then woke up approx 48 hours after 2nd dose, complaining that his "chest hurt." I asked him to explain the "hurt." He said his chest felt tight, heavy pressure, like weight on his chest, uncomfortable. He said it went away after a few days... I didn't realize the inflammation of the heart was a side affect, until I recently heard that was coming up, so I put 2 and 2 together, and thought I had better report.

VAERS ID 1400396

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1400396>>
male with chest pains three days after his June 10, 2021 shot. After reporting to the emergency room, he was diagnosed with Acute idiopathic myocarditis and had an elevated Troponin level.

VAERS ID 1417176

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1417176>>
male with the following submitted write-up: 16-year-old male with history of familia hyperlipidemia and Lp(A) with onset of chest pain 2 days after Pfizer vaccine. Had headache, fever, chills after vaccine. Short admission, responded well to NSAIDS and discharged for follow up with cardiology with a mild case of myocarditis. Serum IgG for COVID19 also negative.

VAERS ID 1493918

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1493918>>
male diagnosed with pericarditis. Onset occurred fifteen days after taking second May 18, 2022 Pfizer jab.

VAERS ID 2051161

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F2051161>>
male with the following January 20, 2022 submitted write-up: Myopericarditis following Pfizer booster.

U.S. VAERS data for 12- to 17-year-olds show 159 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F159>>
of blood clotting disorders with all cases attributed to Pfizer. Washington has reported two such cases, which are as follows:

1. VAERS ID 1430336

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1430336>>
for a 14-year-old female. Her onset occurred fourteen days after her injection on May 24, 2021. She was hospitalized for three days. Submitted write-up: Acute idiopathic thrombocytopenic purpura; Iron deficiency anemia due to chronic blood loss.

2. VAERS ID 1840569

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1951967>>
for a 13-year-old female. Her onset occurred two days after her injection on November 22, 2021. The following is the submitted write-up: Patient developed purpuric, non blanchable rash on both legs below the knee bilaterally. Twenty-four hours after vaccine, patient developed muscle aches and headache, no fevers. rash developed 1-2 days after vaccine. no abdominal pain, no diarrhea, no joint pain. Patient described rash as itchy. Examination of rash in clinic most consistent with vasculitis vs Henoch-Schönlein purpura.

U.S. VAERS data for 5- to 11-year-olds show 16 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1951967>>
of myocarditis and pericarditis (heart inflammation). One such report was VAERS ID 1951967

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1951967>>
. The reported write-up for the eight-year-old male is as follows: vaccine myocarditis, symptoms 2 days after vaccination, came in the morning of 12/10. CXR and EKG normal, CRP 1.1 (mildly elevated) troponin 7.94 (elevated). Admitted to a local Hospital.

U.S. VAERS data for 5- to 11-year-olds show 30 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1951967>>
of blood clotting disorders. Washington reports two such events:

1. VAERS ID 1874374

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1874374>>
was a 9-year-old female with dyslexia. The onset occurred on November 7, 2021. The reported write up is as follows: Developed emesis (5+ many episodes), petechia of eyes and face thought due to vomiting the next day.

2. VAERS ID 1996090

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F1996090>>
was a 7-year-old male. His onset began the day he was injected on November 19, 2021 with a bruised and dark arm. A bump under the site soon occurred. On November 21, he was unable to sleep. On November 23, his stomach ached so much that he refused food. More stomach pains continued through December 19 when he was taken to the hospital emergency room. He was told he had a "GI virus" and was dehydrated. On Christmas Eve, he had nose bleeding, a fever, and rolled over in stomach pain. Again, he was taken to the emergency room.

From: Clair Egger
Sent: 3/4/2022 8:41:41 AM
To: DOH WSBOH
Subject: My Public Comments on Mandates

External Email

Hello,

I respectfully request the elimination of all vaccine, mask & vaccine passport mandates.

I respectfully request to ratify the TAGs recommendation against vaccine passports, based on our right to medical privacy and our human rights and religious rights to choose what is best for our bodies, based on both our beliefs and science.

Personally, our family & young children struggle with mask wearing and experience concerning medical and mental side effects, also, we experience segregation and discrimination as a result of our medical and religious based decision, including places online, schools and places if work.

Respectfully,

Clair & Edward Egger

From: sue coffman
Sent: 3/2/2022 4:18:04 PM
To: DOH WSBOH
Cc:
Subject: BOH meeting March 9

External Email

To all Board of Health members,

I urge you, as a parent and grandparent, to PLEASE follow the recommendations set forth by your Technical Advisory Group, and NOT advocate for the new experimental gene-therapy injection, commonly called the Covid-19 vaccine, to be included as a recommendation for school entry.

Children are at the lowest risk of contracting (and/or transmitting) the virus known as Sars-CoV-2, and the adverse reactions to the Covid shot far outweigh the supposed benefits of the injection! This is true science, and I would appreciate that the Board actually look into the real (not rare) risks that the injection poses upon our youngest members of society!

Submitted for inclusion as Public Comment,

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: Alison Handsaker
Sent: 3/3/2022 2:35:02 PM
To: DOH WSOB
Cc:
Subject: Covid-19 Vaccine Vote

External Email

Dear Board of Health Members,

I am writing to urge you to take the time to review the attached document prior to making your decision on requiring Covid-19 vaccines for children. As I'm sure you're aware, Pfizer was recently forced to release clinical trial data which includes nine pages of adverse events. This document is lengthy but please take a moment to review pages 30-38, titled, APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST. It is critical that this is a factor when making this decision. Where there is risk, there must be choice.

5.3.6-postmarketing-experience.pdf (phmppt.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmppt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53ada727a0224086395f08d9fd65ea21%7C11c>>

In addition to the lengthy list of adverse events, a new study found that Pfizer's vaccine was only 12% effective in children 5-11 years old.

Pfizer Coronavirus Vaccine Only 12% Effective on Children 5-11 Years Old, Study Finds | HNGN - Headlines & Global News

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hngn.com%2Farticles%2F24-coronavirus-vaccine-12-effective-children-5-to-11-years-old-study.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53ada727a0224086395f08d9fd65ea21%7C11c>>

Please uphold the TAG recommendation by voting NO on requiring the covid-19 vaccine to be added to the required school schedule for our children. Again, where there is risk, there must be choice.

Thank you,
Alison Handsaker

From: elizabeth pike
Sent: 3/3/2022 8:25:08 AM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

Please follow the recommendations to not require children to be vaccinated. They have a very low risk. Compared to outcomes, vaccine injury is a greater risk.

Sincerely,
Elizabeth Pike

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Kara Flaa
Sent: 2/28/2022 11:50:51 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: theresalane@comcast.net
Sent: 3/4/2022 10:05:03 AM
To: DOH WSBOH
Cc:
Subject: Teachers Union prime driver of vaccine mandates - Stop Covid shot Mandate

External Email

Dear Mr Pendergrass, Mr Grellner, Mr Shah and all deciding WA BOH members,

Did you know the Teachers Union donates millions of dollars to political campaigns and is a prime driver in the vaccine mandates for school aged children? Teachers Unions are not qualified to and should not be making this decision for our children.

According to the CDC children are at a statistically 0% risk of serious illness or death from Covid. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine mandates override the right to provide informed consent for this medical intervention by not allowing patients or parents to make their own decisions. Considering the low Covid-related risks for healthy children, the risks associated with the vaccine, declining vaccine efficacy against new variants, the protection from any liability for vaccine manufacturers, it should absolutely be the right of every parent to decide whether to vaccinate their child.

Please do the right thing and let there be Choice with Covid vaccines.

Sincerely,

Theresa Lane

Concerned WA Parent

From: brad kaul
Sent: 2/28/2022 11:48:04 AM
To: DOH WSBOH
Cc:
Subject: Vote no on Covid 19 vaccine to attend school

External Email

To Whom it may concern,

My husband and I have three children that attend private schools in the Seattle area. We request that you vote no on requiring the Covid 19 vaccine to attend school. We have chosen to send our children to private school and in so doing they do not allow a religious or philosophical exemption. We would choose to homeschool or move to another state so that we would not be forced to inject our children with the Covid 19 vaccine.

Thank you,

Melina Kaul

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Kristen Magnuson
Sent: 3/4/2022 9:41:02 AM
To: DOH WSBOH
Cc:
Subject: Do not mandate Covid vaccine in schools

External Email

Board of Health,

I am opposed to requiring the Covid vaccine in Washington schools.

- A recent study shows this vaccine is significantly less effective in children aged 5-11.
- Risk of hospitalization, death, long covid, M-ISC, or any severe outcome is extremely low in k-12 students.
- Implementing/tracking vaccine status would burden school administrators excessively.
- Covid has seasonal patterns, we have never required a seasonal vaccine in our schools.

- Seroprevalence studies show most children have already been infected.
- Medical exemptions would be a burden on parents, and could require kids to miss school.
- The risk of myocarditis, especially among teen males, is significant.
- Adults have access to tools of self protection (vaccines, boosters, one way masking, pre-exposure mAbs). It is not a child's job to protect adults. Children have sacrificed far too much.
- Many other countries don't even allow this age group to receive the vaccine.
- Families will disenroll their students, or even move out of state if forced to vaccinate their child.

There is no justification for mandating this vaccine in our schools.

Thank you,
Kristen Magnuson

From: DOH Information
Sent: 3/4/2022 7:53:32 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\5E58303807C64A05_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%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, March 3, 2022 6:00 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:

Please do not force our children to take the COVID shot. This shot has proven to not be effective in decreasing disease transmission and the long term effects of this MRNA delivery has yet to be seen especially in the young. Thank you for your consideration

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:

Leigh

Email:

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

Telephone:

2539271373

5.

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

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

From: Oves 9
Sent: 3/4/2022 9:40:40 AM
To: DOH WSBOH
Cc:
Subject: Please do not recommend CV-19 vax for Children!

External Email

Hello WA BOH,

We are in agreement with the TAG's decision to not recommend the CV-19 vaccines be required for Washington state children!!!

It is clear that COVID-19 is not a threat to children let alone a majority of people below the age of 60.

Compared to all other drugs and vaccines these CV-19 shots do not have anything close to the proper amount long term safety data to justify any requirement.

Please understand that a requirement is short sighted and not based on the science.

It is your responsibility to quadruple check the data and not to allow any previous careers, financial influences or outside interests to determine how you make your decision.

We will be attending the meeting to watch how you determine the future of Washingtons children.

Thank you.

From: Sherri Martin
Sent: 3/4/2022 11:46:17 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination

External Email

I urge you to ratify the TAG's recommendation against Covid-19 vaccinations required for school & daycares. The risk of adverse side effects from the Covid-19 vaccination for kids, is greater then of a serious Covid-19 illness. Thank you for your consideration.
Sherri Martin

From: Aryana Meza
Sent: 3/2/2022 6:26:55 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccine Requirement for Schools

External Email

To Whom It May Concern,

I oppose the Covid 19 vaccine as a requirement for students to attend school, day care or any public institution. Covid 19 is low risk for children. The vaccine still does not have sufficient research to prove it is necessary for protection. This vaccine does not prevent transmission and therefore is an unnecessary requirement.

Thank you

-Aryana Meza

From: DOH Information
Sent: 3/1/2022 12:24:22 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\805DEC769E37419E_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: Tuesday, February 22, 2022 8:43 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:

To Our State Leaders: I am very 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. The New York Times reported yesterday 2/21/2022 that the CDC has not released a large amount of the data on injuries and adverse effects of vaccinated individuals. 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. Please research both Dr. Robert Malone and Dr. Ryan Cole for more information about the MRNA efficacy and negative Immune Disregulation for patterns of ailments. Thank you, and may God bless and guide you as you lead the people, Tim Ross

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:

Tim A Ross

Email:

2timaross@gmail.com <mailto:2timaross@gmail.com>

Telephone:

(no answer)

5.

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

2timaross@gmail.com <mailto:2timaross@gmail.com>

From: Linh N
Sent: 3/2/2022 8:08:53 PM
To: DOH WSBOH
Cc:
Subject: COVID19 VACCINE

External Email

Dear WA State Board of Health members,

I am writing to urge everyone of you to not make it a requirement for students to get the Covid 19 vaccine. As you can see the vaccine doesn't stop transmission, it also does not last and we keep seeing booster after booster being recommended in such a short amount of time, on top of that we know that Covid does not affect children the way it does to an adult or an elderly.

This vaccine has so many unanswered questions, and has no long term study effect that it would be reckless for the BOH to require our children to get it on the pain of their education. We ask that you respect each individual's choice as you would want others to respect yours.

Respectfully,

Linh Ngo

From: Mary Deitch
Sent: 3/3/2022 8:17:11 PM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

Please follow the TAG recommendations and do not require Covid vaccines for children. The vaccine is more dangerous to children than actual Covid. I fear you will regret it in the future if this is mandated for children.

Respectfully,
A very concerned Washington citizen.

From: Stephanie Whicker
Sent: 3/3/2022 8:34:01 PM
To: DOH WSBOH
Subject: Parent Concerns Regarding Mask Mandate

External Email

Dear Board Members:

I am a parent of two elementary school children in the Lake Washington School District and I am writing to you in regard to the March 1st letter from teacher's unions advocating to extend the mask mandate. I ask that you DO NOT EXTEND THE MANDATE beyond its original end date of March 12th. I believe extending it will be an incredible mistake with long term negative consequences.

More specifically, I believe you should consider that:

1. **INEFFECTIVENESS AND FALSE SENSE OF SAFETY:** In January the CDC acknowledged that cloth masks are not effective in protecting people against the COVID virus. While I realize there was a push to have children upgrade to KN95s and N95s, it is apparent that those families who oppose masking children are certainly not going to ask their children to start wearing more restrictive masks. It would be much more reasonable to allow those children to just end the charade and unmask. Continuing to force them to wear masks is not only pointless but it gives a false sense of safety to those who are trying to take extra precautions. If anything it would make more sense to offer KN95s and free weekly testing to those who identify as vulnerable or at-risk versus forcing healthy children to participate in effective masking.

2. **SPEECH ISSUES:** Masks can be extremely uncomfortable for many children and in many instances have compounded existing speech problems and created new issues. My older son spent a year in speech therapy at 5 years old. He is now showing signs of regression. His ability to clearly communicate has worsened significantly since masking began. I have spoken to many other parents in the community who have expressed similar concerns. Continued mask use has proven to be educationally, socially, and psychologically stifling for children who struggle to communicate. Extending the mandate sets them up for continued struggles and isolation.

3. **YOUR LEGITIMACY IN THE EYES OF PARENTS:** Mandating masks longer than required (especially when they do not show consistent or demonstrated benefits) is incredibly pretentious and insulting to the parent community. It would only serve to show that our state's authority on health is basing their decisions on pressure from teachers' unions versus what is right, fair, and healthy for our student population. It undermines our parental concerns and causes mistrust in your institution. It implies that political pressure takes precedence over the health and welfare of our children.

4. **COVID INFECTIONS:** A large majority of students have already contracted COVID-19 during the past years of masking. Forcing continued masking seems illogical and punitive. My youngest son was the strictest among our family and was diligent in wearing his KN95 since the first day of school, and even opted to eat lunch outside. He was the one who contracted COVID from school and brought it back to our family. The masking

clearly did not stop the virus. This was not an anomaly as many other families in our community had similar experiences.

5. THE WORLD IS UNMASKED: We are asking our children to continue masking while the majority of the country and the world have moved on from this ineffective restriction. We literally just watched the President speak in a room full of much older, much more vulnerable adults who were not wearing masks. Masking our children any longer is ridiculous and insulting. Teachers have had ample time to get vaccinated, and those who want to continue masking can continue to do so.

Ultimately, my children and my family have gone out of our way to follow the rules asked of us. Our children have and will continue to be diligent, and respectful with their choices. We are now asking you to respect them and allow them the freedom that nearly every other child and adult has been granted. PLEASE DO NOT EXTEND THE MANDATES. Allow our students the freedom they deserve. Catering to the unions will only serve to place a continued burden on our children (at the expense of their own health and wellbeing) and cause more mistrust in the Board of Health's ability to govern.

Respectfully,
Stephanie Whicker
206-941-4511

From: Jacqui MacConnell
Sent: 3/4/2022 11:58:33 AM
To: DOH WSBOH
Cc:
Subject: VACCINES FOR CHILDREN AS REQUIREMENT FOR SCHOOLS

External Email

I am writing to say that I pray that you follow the guidance of the TAG committee. Even though it is concerning that the vote was so close in regards to this issue of a Covid 19 vaccine being required for our school children.

Our children do not need to be vaccinated. We, as parents, have the right to determine whether or not we want our children being vaccinated. There are numerous reasons to not vaccinate our children, specifically with the Covid 19 "vaccine". I ask that you all follow the medical information that has not been politically motivated from those in positions who do not stand to benefit financially from their opinions, in regards to this topic. If you look at that science and those recommendations, there is absolutely NO reason to give our children the Covid "vaccine".

If the schools require this "vaccine", many parents, like us, will leave this state before we inject this poison that goes against everything we believe in, into our children.

Respectfully,

Jacquelyn MacConnell
Resident of Colbert, WA

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: BRUCE KALISH
Sent: 3/4/2022 5:12:20 AM
To: DOH WSBOH
Cc:
Subject: Covid Mandate

External Email

Please ratify the Board of Health's Technical Advisory Group's recommendation against a mandate to have daycare and K-12 students be required to be Covid vaccinated before entering school in Washington State. The government should not be allowed to make my health care decisions or the health care decisions for my children and grandchildren. This is wrong.

Bruce Kalish
360-701-5959

From: Katherine Smith
Sent: 3/4/2022 11:10:46 AM
To: DOH WSBOH
Cc:
Subject: Mandatory Covid vaccine

External Email

To whom it may concern,

As a mother of 8 children in 4 different schools (pre-school thru high school), I am against mandatory Covid vaccines. I am not anti-vaccine and all of my children are current in their immunizations. However, I believe the Covid vaccine is similar to the flu vaccine. It should NOT be mandated just as the flu vaccine is not required to attend school.

Thank you,
Katie Smith
Sent from my iPhone

From: Jack Morad
Sent: 3/3/2022 9:37:48 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

If you make the vaccine mandatory my child will never step foot in a washington state public school. I will encourage everyone I know to pull their children. If moving out of state is what it takes then I will happily do that. This disease is not a risk for children but the mandates and policies are.

From: Anthony Bandiero
Sent: 3/3/2022 4:51:26 PM
To: DOH WSB OH
Cc:
Subject: Against COVID Shot



attachments\BD398E16E79244C4_image001.png

External Email

Please, I'm begging you, do not vote to mandate this vaccine for kids. I will give my kids this vaccine and he deserves to participate in meaningful education.

Thanks

Anthony Bandiero, JD, ALM

Attorney - Senior Legal Instructor

Nationally Certified Instructor (NCI)

Office: 888-579-7796

Cell/Text: 702-291-8683

Anthony@bluetogold.com

www.BlueToGold.com

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsalesiq.zoho.com%2Fsignaturesup>

Admitted Washington | New Jersey

From: Michelle Whorley
Sent: 3/4/2022 12:00:04 PM
To: DOH WSBOH
Cc:
Subject: Vote NO

External Email

Board of Health,

Vaccines that are only 12% effective should not have passed the FDA and don't belong in innocent children. Please vote no!

-Michelle Whorley
Sent from my iPhone

From: Ellen Hamlin
Sent: 3/2/2022 4:02:23 PM
To: DOH WSBOH
Cc:
Subject: Respectfully I urge you to ratify the TAG's recommendation against a mandate and why.

External Email

These vaccines are not even really vaccines but gene therapy and we don't have enough research on their safety.

Children are not at high risk and recover. Why inject them and risk injury.

As a parent I would suggest they home school and or start their own church school.

thanks for your consideration to this important issue

From: L G
Sent: 3/4/2022 11:26:45 AM
To: DOH WSBOH
Cc:
Subject: Nurse opposes covid19 vaccines for school-entry



attachments\112B952F31984F5D_Screen Shot 2022-03-04 at 9.44.11 AM.png

External Email

Dear Board of Health,

Thank you for your careful consideration of the question, "Should covid19 vaccines be required for school entry?" I have also carefully considered all the evidence and viewed the TAG presentations. As a registered nurse specializing in maternal-child health, with graduate studies in research design, statistics, public policy, and epidemiology, I oppose adding covid19 shots to the school-entry requirements, for all ages.

If this shot is added to the school schedule, then my family, my extended family, my neighbors, and all of my church community are prepared to immediately withdraw our children from private and public schools and move to homeschooling for the 2022-2023 school year.

Parents would not give a 2015 flu shot to their children in 2023, and they will not accept a 2020 covid19 shot that is proving to be ineffective against 2022-2023 variants. Requiring multiple shots and annual boosters is unacceptable to the public. The shot has short-term waning immunity. It has limited or negative efficacy against evolving covid19 variants, and is not effective in current or future real-world conditions.

My family has consulted our medical doctor, who has advised us that the risk-benefit analysis of covid19 shots for children under 18 favors not vaccinating and not making this a school-entry requirement. Families that want to choose vaccination have already done so and may make this choice as a family decision, without a school mandate. If covid19 shots are required for school entry, it will likely result in decreased public trust, fewer covid19 vaccinations and a massive rising tide of homeschooling families. Allow parents and families to make their individual choice, not mandates, to regain trust.

We must consider post-marketing, real-world data in the risk-benefit analysis of requiring covid-19 shots for school entry. A careful review of the TAG presentations (many of which were based mainly on Delta variant, 2020-2021 data, and adults-only studies) showed missing information. Information must be considered about children's unique immune systems, natural immunity, current and evolving variants, real-world effectiveness, long-term safety studies, possible harms to fertility or reproduction, studies of vaccine reactogenicity in children already recovered from covid19, age-risk stratification, 2022 extremely low risk of covid19 for school children, and high community and school rates of covid-recovered contributing to robust herd immunity. Covid illness is

mild and short-term for almost 100% of children. Parents are worried about the unknown risks from these novel mRNA shots in the long-term: on their children, grand-children, great-grandchildren, and the next seven generations.

The public outcry and outrage against adding this shot to the school schedule of immunizations is based on lack of trust in the BOH and DOH, the low risk of covid to children, the high risk of known and unknown adverse effects, long-lasting natural immunity, short-term waning immunity and lack of effectiveness in current or future real-world conditions. World-wide, we are seeing that unvaccinated countries like Africa have the lowest rates of covid-19, and that the most vaccinated countries like Seychelles, Israel, and the UAE have sky-rocketing covid-19 rates. Parents are looking at this data and worrying that the shots increase, not decrease, the risk of covid19 transmission and the risks of altered innate immunity in ways that do more harm than good.

Parents are considering the March 1, 2022, release of post-marketing data from Pfizer. Here we see a 3% risk of fatality after vaccination, (n=1223) and a 27% risk of having adverse events without full recovery (n=11361) out of 42,086 cases. When you apply a risk /benefit analysis, with a nearly 100% recovery rate from covid19, then outcome shows that the risks of covid19 shots are unacceptable for mass inoculation of children. See screenshot, below.

The known and unknown risks of this novel injectable therapy are unacceptably high, and the benefits to children are low. Therefore, this shot does not meet the nine criteria for adding a vaccine to the school schedule for any age child. Importantly, it is not acceptable to the public and will result in further school enrollment attrition.

We must not resort to the doomed strategy of mandates-with-exemptions if we want to restore public trust in immunizations and restore public enrollment in schools. Families have zero trust in the immunization exemption process. We have seen precedents in our state, (such as the MMR in 2019) and other states, for removal of exemptions and increased difficulty in obtaining exemptions with form revisions. The exemption process is burdensome and troubled by lack of equity in accessing exemptions. Where there is risk, there must be equity and choice.

I look forward to listening to the Board's comments on March 9 on this issue. I urge you to vote NO covid19 shots be required, for any age, for school entry.

Respectfully,

Lara Gabriel RN, BSN, IBCLC

From: Elvera B
Sent: 1/27/2022 1:57:04 PM
To: DOH WSBOH
Cc:
Subject: Oppose WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100- 040,
WAC 246-100, WAC 246-105

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral.

We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100- 040, WAC 246-100, WAC 246-105.

Elvera Bakumets

From: jacob williams
Sent: 3/4/2022 7:41:46 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

To whom it may concern,

I'd like to ask the Dept. of Health to please vote no on requiring the covid vaccine for kids. I do not believe it should be a necessary requirement to enter school.

Thank you.

Jacob Williams

Sent from Yahoo Mail on Android

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

From: Cole Matwichuk
Sent: 3/2/2022 9:57:31 PM
To: DOH WSBOH
Cc:
Subject: No mandate for covid vaccination for children k-12

External Email

To whom it may concern,
I am writing to voice my opinion that vaccinations for covid-19 NOT be a requirement for school age children in K-12 school. I request that the Washington state Board of Health rejects any mandate or requirement of the covid-19 vaccination for children in k-12 school.

Sincerely,
Dawn Matwichuk
Washington public school teacher

Sent from my iPhone

From: mallory brandt
Sent: 3/3/2022 3:11:38 PM
To: DOH WSBOH
Cc:
Subject: public comment for BOH meeting March 9th

External Email

Hi BOH,

I am writing a public comment on the topic of the covid vaccine being mandatory for K-12 students in washington. I would like to respectfully urge you to ratify the TAG's recommendation against this mandate that they voted on last week. There are many reasons why I believe this is the best route. One being individual's religious and personal beliefs, that should be considered and honored. We have chosen not to do vaccines on our kids and that decision hasn't changed with the covid-19 vaccine either. It also is very important that parents continue to stay the health authority of their children and not the government. Parents should and need to be involved in their childrens lives and what they believe is best for them, NOT the government telling us this is way and there is NO choice. Also Children are at extremely low risk for Covid. Please look at NUMBERS & DATA for this... you will see this statement is true. Also, There are no long-term studies to document any history of safety. And the short term info we do already have on them, shows on vaers the huge amounts of adverse effects that adults have suffered, can't imagine children. Lastly, studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore, the vaccine apparently does not stop the spread of the disease. Again look at data and numbers for this. Thank for you reading this comment!

Mallory H.

From: Keith Lane
Sent: 3/4/2022 10:56:17 AM
To: 'wsboh@sboh.wa.gov'
Cc:
Subject: ISRAELI STUDY: Fully Vaxxed Are 27 Times More Likely To Get COVID
Compared To People With Natural Immunity

External Email

Dear Mr. Pendergrass, Mr Grellner, Mr Shah, and All WA Board of Health deciding members,

Please do better to see past your personal biases that these shots are safe and effective and that children will die without them. None of which are true.

Early treatment is much safer, less expensive and effective than the Covid shots. Though early treatment 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 dollar/investment.

Please get on the Right side of history.

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%7C8748e4ad45534de209c708d9fe108d37%70>>

Sincerely,

Keith Lane

Very Concerned WA Parent

From: Lisa Smith
Sent: 3/2/2022 4:58:29 PM
To: DOH WSBOH
Cc:
Subject: Please don't mandate experimental covid vaccine for children

External Email

Hi,

I'm writing to express my deep concern for the possibility that an experimental vaccine would be mandated for children to attend school. I'm not concerned about my children being hospitalized due to covid especially since they already had it and were totally fine. It's also very well-known that people who are vaccinated can still get and transmit covid and that the efficacy wanes after several months. Just these facts make it almost unbelievable that it would even be under consideration to mandate this vaccine for children and not let parents make that decision based on their own risk assessment.

I know a lot of families that will pull their children from public schools if it's mandated. Please let us keep our freedom to make health-related choices for our kids so we don't have to make other choices like pulling them from school which will harm them even more.

Regards,
Lisa Smith (mother of 3 kids)

From: Lynsie
Sent: 3/4/2022 11:46:47 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments - Lynsie Holt

External Email

Hi TAG team

Happy Friday!! I am writing to voice our families strong opposition against adding the requirement for a Covid-19 vaccine to the child immunization schedule. We thank you for the last vote that held it from moving forward.

We have been opposed to this since day 1 as the medical need has not been proven, the effectiveness of the vaccine has not been proven, and the efficacy of the vaccine is of massive concern and will continue to be for our family. It is absolutely unacceptable to require a vaccine that is only of consideration due to the state of emergency we continue to be held under. It is criminal to ignore science and data and to withhold information especially when directly related to health and medical decisions and care. The risk benefit analysis has yet to be proven and so the COVID-19 vaccine requirement for school-age kids should not even be a topic of conversation at this time.

Please help support your families and students of our future generations and stop the vaccine requirement discussion at this time. Please be loyal to your position of power and privilege and work for the people and show us we can trust you and that you have integrity and honor. Please do the right thing by our kids!! The time to act is now and the action is demanded by the parents of our children.

"When there is risk - there MUST be choice"

Lynsie Holt
206-818-0251
Sent from my iPhone

From: Heidi Bekins
Sent: 3/3/2022 2:45:32 PM
To: DOH WSOH
Cc:
Subject: Covid 19 vaccine requirements for school entry

External Email

Dear Washington Board of Health members,

I have been following along the past few weeks during TAG meetings and have found the information informative, well organized and well researched.

With the information given, I feel it fell short in reassuring me as a parent that the vaccine is well studied for K-12 children and that the data presented did not include enough studies/data to include this specific age range to be required to receive a COVID-19 vaccine. The lack of evidence that it would be beneficial for this age group at this time (benefits vs risk) was not conclusive and left many questions lingering around the safety and effectiveness to merit it a requirement on the vaccine schedule. I'm worried about the possible side effects that may come into play as well as how this will effect those families in our communities.

With the severity of illness in this age group being particularly low, I don't feel like I have enough information to make a well informed decision as to whether this vaccine would bring enough benefit vs. risk.

I believe in public health but I also believe in well researched data. Everyday we are learning more and more about covid, protocols and the vaccines, good and bad. With anything there is risk. There is not one medication or intervention on the market today that does not impose risk as every BODY responds differently. In order to decide if it is best for our children and mitigate side effects, we need full transparency and long term data (ie. dose amount, dose schedule, high risk, immunocompromised, etc) This is something that needs time to monitor and have enough peer reviewed data in order for parents to make the best decision for their child. With many kids already having covid (natural immunity) or receiving the vaccine if they choose, I don't see why adding it to the required vaccination list for school entrance to be necessary. Like the flu shot, I think it should be a recommendation, but not a requirement and parents/families should be able to decide if they feel it is right for their child. I know many families hesitant about vaccinating their child(ren) with limited safety data for this age group. Mandating it would cause more hardships for families, caretakers and their children.

I believe you will find that the advice given by the Technical Advisory Group to be well thought out, well researched and I urge you to take their concerns into consideration as they reflect many of mine as well.

Thank you for your time and consideration with this important decision.

Heidi Bekins

From: Cindy Angotti
Sent: 3/3/2022 1:43:23 PM
To: DOH WSBOH
Cc:
Subject: Mandate

External Email

To Whom it may concern,
I would like to urge the WSBOH to ratify the TAG recommendations against the vaccine mandate. Children are not at very minimal risk for any kind of serious issues from the Covid 19 virus. They are at greater risk of unknown side effects from the vaccine. Please follow the TAG recommendations.
Thank you
Cindy Angotti
Sent from my iPhone

From: Don Jacobson
Sent: 3/2/2022 8:19:19 PM
To: DOH WSBOH
Cc:
Subject: Ratify TAG's Recommendation Against a Mandate

External Email

We need to return to Constitutional government and the rule of Law, not the Usurpation of government and social policies by Big Pharma.

From: Shauna Kleemeyer
Sent: 2/28/2022 5:45:15 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: Marisa Lee
Sent: 3/3/2022 9:28:21 PM
To: DOH WSBOH
Cc:
Subject: No Mandated COVID-19 Vaccine

External Email

Hello WA State Department of Health,

I am a mother of two children and I wish to add my public comments as a long-time resident of Washington State. I was born and raised in this beautiful state and I care about the well-being and long-term health of people in WA State. That means both physical health as well as emotional health, spiritual health and psychological health.

In order to ensure that the people of WA can have the freedom of choice to be healthy people, both for themselves and their children, I urge you on behalf of our God-given rights upheld by the United States Constitution to NOT mandate COVID-19 vaccines for children to attend public school or any other venue. I myself am vaccinated with the Pfizer vaccine, but I do NOT think anyone should be mandated and forced to be vaccinated if they chose not to. It is a matter of medical and personal freedom to be able to chose what someone puts into their or their children's bodies. This is not a decision that should be forced upon people by the state or any governmental authority.

There are so many different ways to combat COVID-19 now! Which is a wonderful thing! There are vaccines for those who want them along with many other helpful and effective therapeutics to treat COVID-19. Furthermore, so many people have gotten COVID-19 and those people now have a strong natural immunity. There is no need to force children or people to take this vaccine.

I am praying for you and pray that you will all take the responsibility you have seriously to uphold public health in a way that does not take away people's personal liberties. If our personal liberties are lost then our health decline as individual's and as a state will also follow.

Thank you for taking the time to read my email.

Sincerely, Marisa Lee

Sent from my iPad

From: Jotform
Sent: 3/3/2022 1:57:48 PM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Esther Rothe

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Esther Rothe

Email

branma@aol.com

Zip

, , , , 98674

Cell Phone Number

(360) 7131804

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F522>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Sarah Abraham
Sent: 3/2/2022 3:55:02 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Good day,

I am writing to this board as a concerned parent. Im not only concerned about my child but for the future of my child's children. I am not an anti vaxxer. I have received vaccines as a child. I believe people have to right to choose weather to get vaccines or not, and I believe that parents have the right to choose what is best for their children and their families. I have been listening to the meeting on this subject and still find it very interesting that there is so much data that is in contrast to what the data that has been presented during these meetings. The Covid vaccine in my opinion should be views similar to the annual vaccine and people should get vaccinated if that is what they choose. I am dumbfounded that the COVID vaccine is even being thought about to adding onto the vaccination schedule for infants and and small children when it is very well know and acknowledge the the vaccine effectiveness goes away after 6 months or less depending on which vaccine you get. Why would we want our children unnecessarily vaccinated when their immune systems are building itself up to fight off the virus naturally especially when the effectiveness wares off so quickly. Not to mention that adding this vaccine to the vaccine schedule could potentially detour people from getting vaccinations at all. I strongly encourage you to listen to everyone and hope that peoples comments and fully read and are seriously taken into account.

Sincerely

Sarah Abraham

From: Melissa Perez
Sent: 3/3/2022 8:42:28 AM
To: DOH WSBOH
Cc:
Subject: March 9th meeting



attachments\06D1F6190E6747C1_image0.png

External Email

Hello,

I am contacting you to ask you to vote NO on adding the covid vaccine to the mandatory list for school age children. I will not vaccinate my children with this emergency use untested vaccine. There are many reports now saying that it is ineffective and I will not risk any side effects on my children when they are at such a minimal risk of getting a serious case of Covid. My family has had Covid and our experience was mild and now we have natural antibodies.

I fear that if you make the Covid vaccine mandatory for school-age children you will have a huge amount of enraged parents and a significant number of kids unenrolled from public school. Because that will be our response.

I strongly urge you to vote no on adding the Covid vaccine to the mandated vaccine list.

Thank you,
Melissa Perez
Snohomish School District
206.604.3830

Sent from my iPhone

From: Penny West
Sent: 3/3/2022 1:21:28 PM
To: DOH WSBOH
Cc:
Subject: Requiring covid antigen shots

External Email

Dear BOH,
I am a grandmother to 4 children age 4 years to 16. This antigen treatment does not meet the criteria for safety of a vaccine nor does it meet the criteria for being necessary. Children if infected can easily defeat this pathogen with their God given immune response. Please vote no for this requirement. Let the parents decide whether their child should be inoculated with this poorly studied Experimental medical procedure, NOT THE GOVERNMENT.
SINCERELY,
Penny West.

Sent from my iPhone

From: Michael Skowronski
Sent: 3/3/2022 2:06:17 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates for Children or Otherwise

External Email

I whole heartedly and STRONGLY object to vaccine mandates for children for the following reasons:

1. You and your board do not have the right to mandate experimental mandates...no matter who tells you that you do, we have a GOD given right to freedom of our bodies, no human being can morally take that right away.

2. It is a CRIME. You WILL face punishment from the Nuremberg trials that are to come. You should take this seriously, those trials will come and you WILL be named as a criminal if you make this move...if no one else nominates you for criminal charges, I will be sure to do so.

3. Children have a far less chance of being injured or killed by covid than they do the vaccine. The vaccine has already injured and killed MILLIONS of people worldwide, including children. No matter how much the gloablists/mainstream try to censor this information, it is out there AND we the people personally know many people this has happened to.

4. This whole Covid has been a scam...a very big scamdemic. That is NOT to say it doesn't exist, but it is to say it does not exist in the way it has been said to exist. The real pandemic is the vaccines.

https://www.theepochtimes.com/the-truth-is-coming-out-about-covid-deaths_4309806.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fthe-truth-is-coming-out-about-covid-deaths_4309806.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C75a30dae13d24bb715e208d9fd61c>

Important points made in this article (which are based on real data - SCIENCE!):

* COVID Deaths Have Been Vastly Overcounted

* COVID Has Primarily Killed Those Close to Death Anyway

- * CDC Highlights Role of Comorbidities in Vaxxed COVID Deaths
- * Most COVID Deaths Likely Due to Ventilator Malpractice
- * Better Alternatives to Ventilation Exist
- * Hospital Incentives Are Driving Up COVID Deaths

While Ivermectin and others are just barely mentioned in this article, it has been PROVEN WORLDWIDE to be highly effective, including an entire state of Uttar Pradesh in India that chose it to kick the "pandemic" out using it...240million people PROVE it works!!!

<https://newsrescue.com/the-undeniable-ivermectin-miracle-indias-240m-populated-largest-state-uttar-pradesh-horowitz/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnewsrescue.com%2Fthe-undeniable-ivermectin-miracle-indias-240m-populated-largest-state-uttar-pradesh-horowitz%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C75a30dae13d24bb715e208d9fd61d583%7C>

So if you read this entirely, and still proceed to mandate vaccines to ANYONE the crime and karma is on your soul!

Seriously,

Michael & Shyni Skowronski

Anacortes, WA

Sent using Zoho Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zoho.com%2Fmail%2F&data>

From: buhbuh66@earthlink.net
Sent: 3/2/2022 5:09:42 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine mandates for our children!

External Email

Dear Sirs,

I urge you to follow the TAG's recommendation against a mandate! No more mandates for our children!

I assure you that if there is such a mandate, my children will NOT attend ANY school where this is required, period!

Sincerely,

Bert Schippers

Seattle, WA

From: Rick Ranum Blog
Sent: 3/3/2022 2:44:13 PM
To: DOH WSBOH
Cc:
Subject: My recommendation

External Email

To the Board of Health:

I hear the two co-chairs are still in favor of injecting children as part of the great experimental drug trial.

Perhaps they are unaware that the covid "epidemic" is over according to the WHO and many other national and international health organizations.

To continue with the idea of injecting children with an experimental drug that has nearly zero efficacy must call into question either their scientific intellectual integrity, their possible financial interests in continuing this charade, or laziness regarding doing minimal research.

If you think we the people of Washington State are not watching your actions closely, be warned, we are. The people of Washington State will hold the board responsible and liable for injury to the children.

Sincerely,

Richard Ranum

From: Kirby, Kristin @ Bellevue

Sent: 2/28/2022 12:05:51 PM

To: DOH COVID Vaccine

Subject: Criteria #6 Rebuttal - Lara Gabriel RN & Criteria #5 Rebuttal - Dr. Carver



attachments\185867F3702A42DF_WSBOH_ Criteria 5 Rebuttal - by Dr. Carver.pdf



attachments\43461B45EDC247E8_WSBOH Criteria #6 Rebuttal - Lara Gabriel RN.pdf

External Email

Good afternoon,

Please see attached rebuttal of criteria #6 by RN Lara Gabriel and criteria #5 by Dr. Carver.

Thank you,

Kristin Kirby

WSBOH: Criteria 5 Rebuttal

Lies, misrepresentations, and misleading data



Dr. Carver

Feb 16

♡ 8 💬 18 ➦

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!

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.*

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.”

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

[Read more](#)

2 months ago · 61 likes · 19 comments · James Lyons-Weiler

This creates selective pressure for viruses to evolve in a way that makes them more transmissible within the vaccinated population.

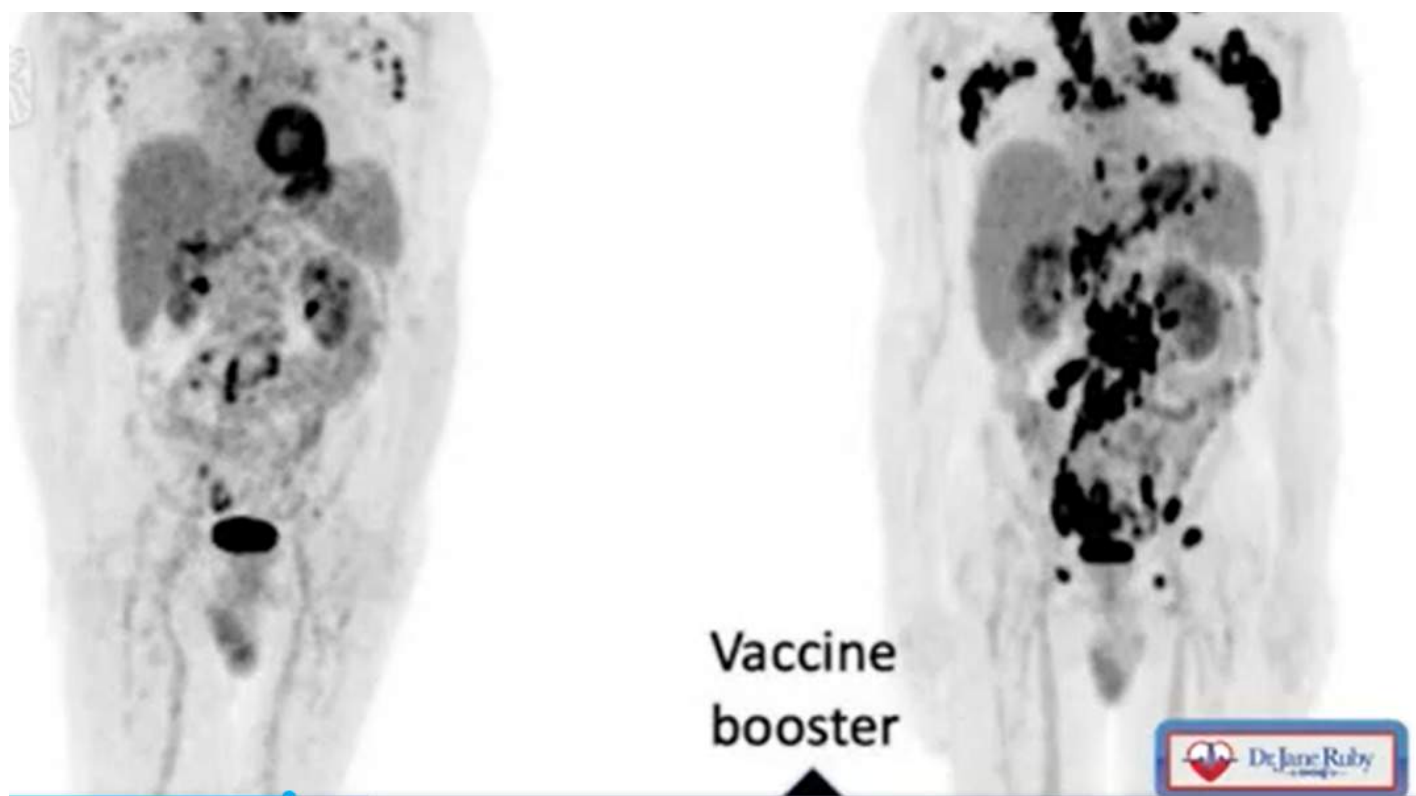
It needs to be acknowledged how the goal post with these experimental products has changed. First, they should have tested if these injections reduce infection rates with an absolute risk reduction calculation. Others have calculated the absolute risk reduction to be less than 1%. Second, when they couldn't 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.

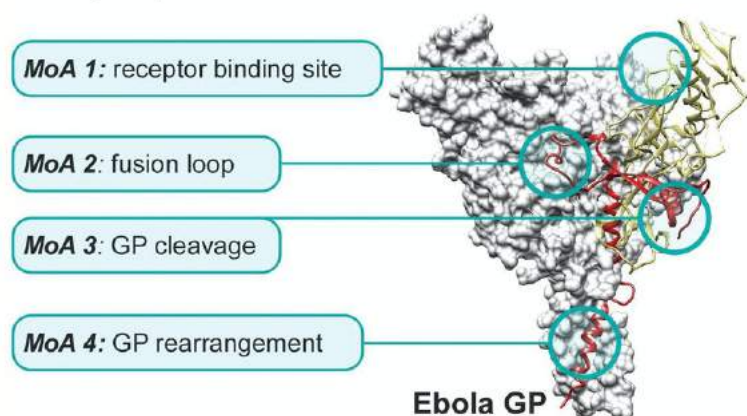




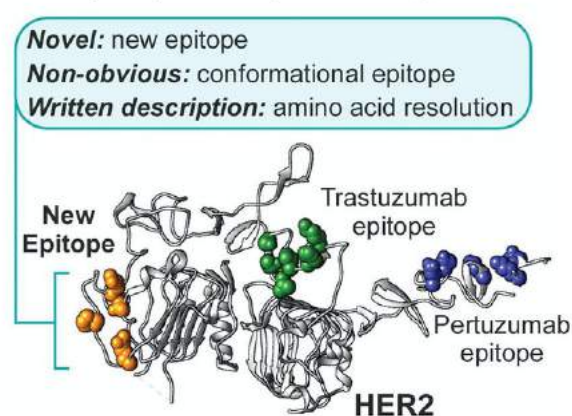
In addition, a natural immune response is polyclonal (1000's of antibodies with different receptors are produced.) This is much different than the targeted immune response to a subsection of the spike protein as in artificial immunity. To put this another way, in a natural immune response, the antibodies 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.)

A Epitopes differentiate mAb MoA



B Epitope maps strengthen IP



There is evidence of secondary vaccine failure, where the levels of antibodies decrease over time requiring an endless stream of booster shots. 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?

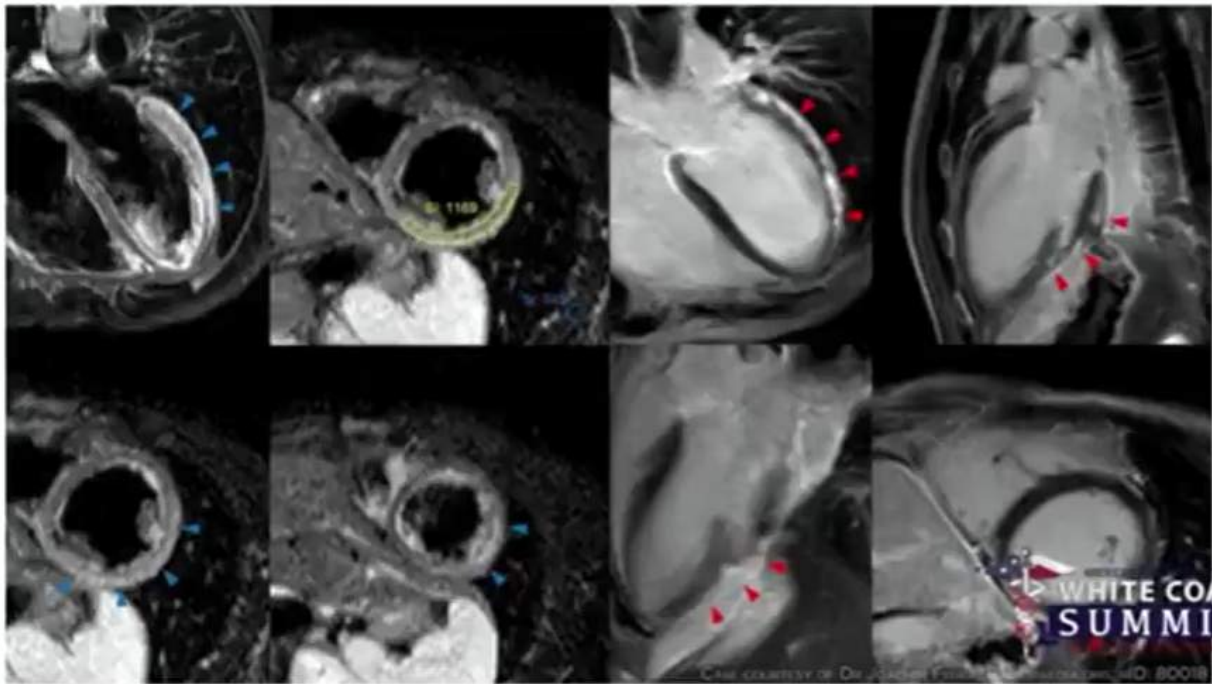
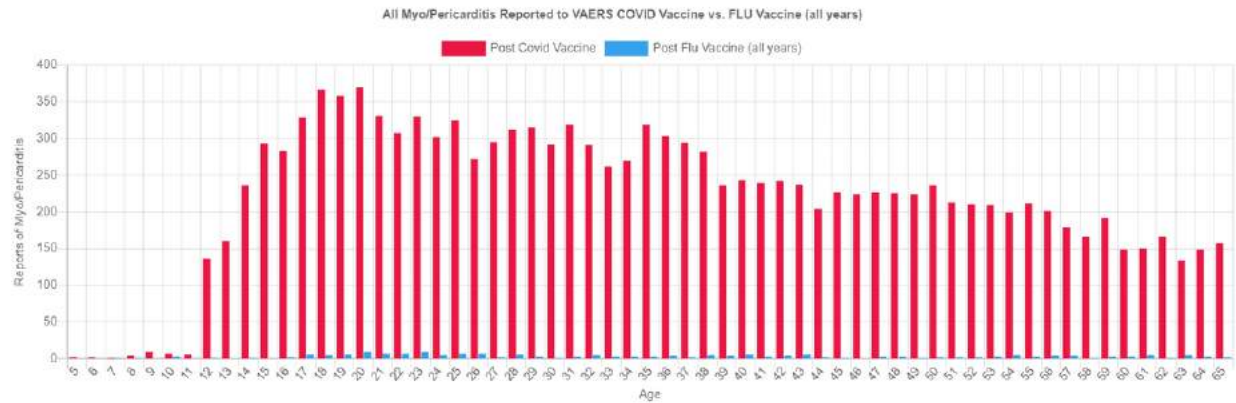
So now that we've established the so-called C-19 vaccines do not contain any antigen that prevents any disease, what about reducing mortality and morbidity? These endpoints have not been properly studied. One reason for this is conflating the terms "with COVID" vs. "from COVID" in relation to hospital 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.

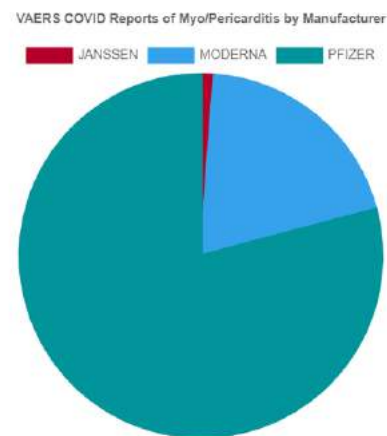
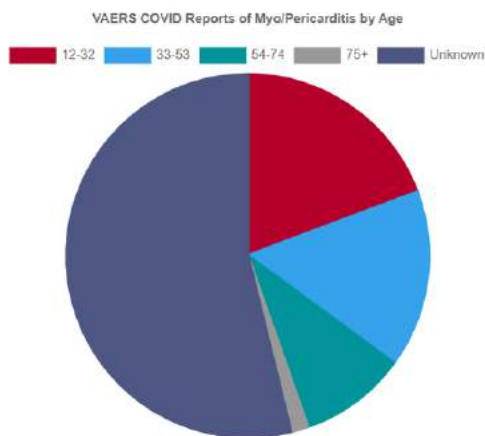
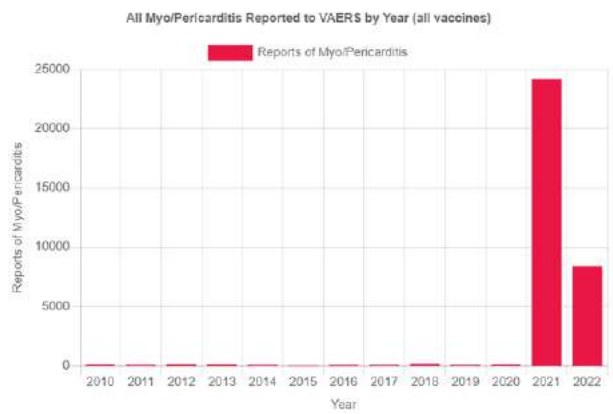
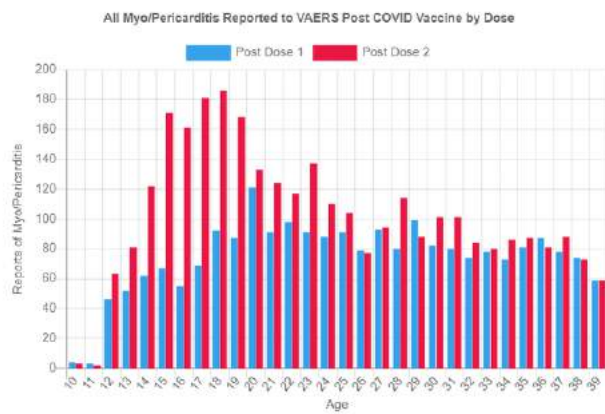
Currently, there are 1,103,891 adverse events reported to the vaccine adverse events reporting system (VAERS) for COVID-19 injections alone. When considering that only a fraction of adverse events is reported (1% according to a Harvard study), the real numbers are certainly much higher. The VAERS reports 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.

VAERS COVID Vaccine Myo/Pericarditis Reports

Through February 4, 2022



Age



Images from [OpenVAERS.com](https://openvaers.com) and [White Coat Summit](https://www.whitecoatsummit.com), 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.



PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

12-15 ADOLESCENT TRIAL ALL RISK, NO BENEFIT

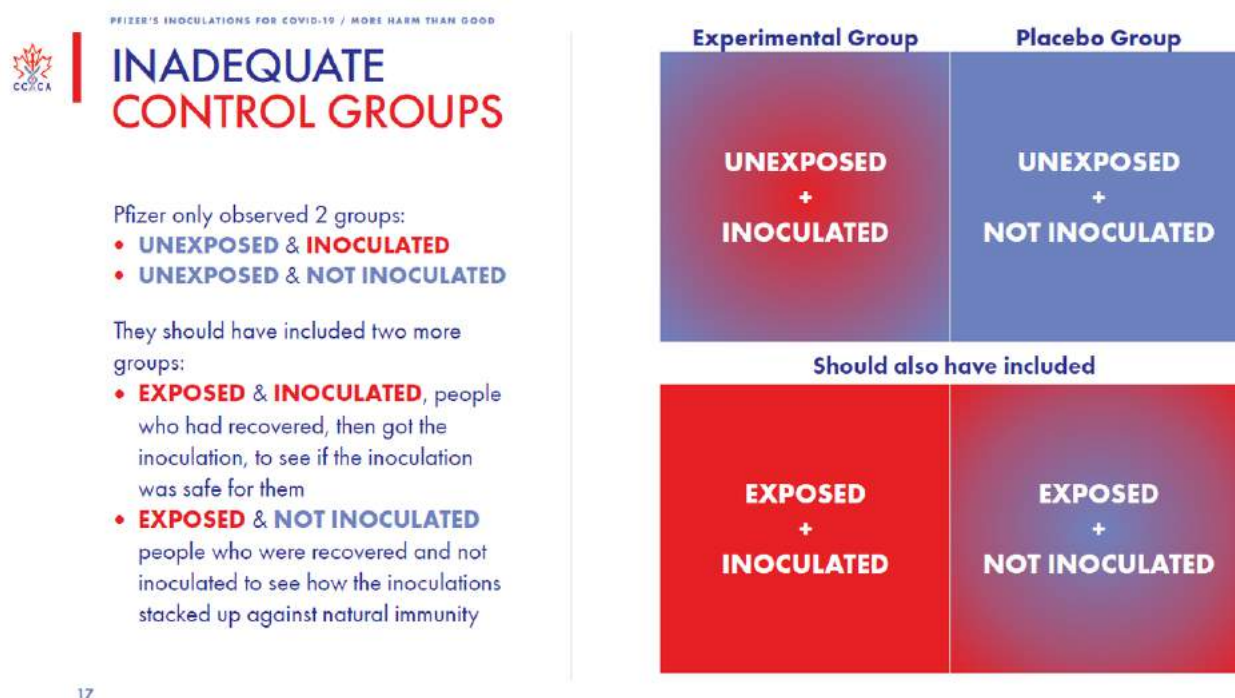
- This study was severely underpowered, as **a study this small will not show up risk.**
 - Inoculated group - **1,005** (0 tested positive for COVID-19)
 - Placebo group - **978** (18 tested positive for COVID-19)
- Pfizer claimed these were great results, but since adolescents are at statistically 0% risk of death from COVID-19, and very low risk of severe illness, **the inoculation is of little benefit to them.** Instead, it presents a very real risk of adverse events.
- But the adolescent Pfizer study wasn't actually designed to find those. **A serious adverse event**, including death, that occurred at a 1/800 rate **might not even show up in a sample of 1,005 people.**
- But in this case, it did. **Among the 1,005 adolescents, there WAS at least one serious adverse event - Maddie de Garay.**



"For children without a serious medical condition, the danger of severe Covid is so low as to be difficult to quantify."
-COVID AND AGE, Oct 12, 2021, New York Times

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 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 reeks of a compromised group of people who nobody elected and do not care about our children, informed consent, medical freedom, or civil rights.

I want to extend a sincere thank you for all of you who provided a comment or testimony to the WSBOH and/or to the FDA about the EUA for children under 5. Because of awesome people like you they are aware of our reservations as parents and people who care about children. I would also

like to thank my friend who is working on a rebuttal to criteria 6 and all of the amazing writers on Substack!

References

1. https://sboh.wa.gov/sites/default/files/2022-01/ImmunizationCriteria_a.pdf

Lara Gabriel RN

WSBOH Criteria #6 Rebuttal

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...

[Read more](#)

13 hours ago · 1 like · 1 comment · Lara Gabriel RN

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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2 months ago · 61 likes · 19 comments · James Lyons-Weiler

2.

Popular Rationalism

Pfizer Moving Goalposts on COVID-19 Vaccination Endpoints for Toddlers Tanked Their EUA Big, But it's Par for the Course. How it Relates to Pfizer Vaccine Immune Suppression. Plan B.

Remember back in the beginning when COVID-19 vaccine “efficacy” was defined as “ability to prevent transmission”? And then it became “ability to reduce death and serious illness”? And then it became “ability to produce neutralizing antibodies”? And then it became “ability to produce antibodies...

[Read more](#)

5 days ago · 79 likes · 54 comments · James Lyons-Weiler

3.



Rounding the Earth Newsletter

Vaccine-Induced Mortality, Part 8

For those who want to look back at what is one of the most important sets of analysis I've worked on during the pandemic. Starting in early August, after spending weeks looking for a clever angle for gauging vaccine-induced mortality, I saw somebody note a spike in case fatality rates after vaccination before in part of the UK, so I looked for those spi...

[Read more](#)

6 days ago · 223 likes · 126 comments · Mathew Crawford

<https://openvaers.com/covid-data>

4.



Unacceptable Jessica

There are 25,754 adverse event reports in VAERS for babies aged 0-2 (this includes all vaccines and the COVID-19 products combined) for 2020/2021.

I just don't know quite what to say about this. Perhaps what I would like to ask is this: who are the pediatricians and mothers of these infants and why are they injecting them with these products? This must be due to passage from breast milk, right? I will have to check this. I know that there are only 27 babies associated with the MedDRA code AE "Expo..."

[Read more](#)

a month ago · 237 likes · 30 comments · Jessica Rose

5. <https://openvaers.com/covid-data/myo-pericarditis>

6.



Unacceptable Jessica

A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Abstract Following the global rollout and administration of the Pfizer Inc./BioNTech BNT162b2 and Moderna mRNA-1273 vaccines on December 17, 2020, in the United States, and of the Janssen Ad26.COV2.S product on April 1st, 2021, in an unprecedented manner, hundreds of thousands of individuals have reported adverse events (AEs) using the Vaccine Adverse Ev...

[Read more](#)

4 months ago · 1,096 likes · 127 comments · Jessica Rose

7.



Steve Kirsch's newsletter

DMED data is explosive. Mainstream media has been ordered to ignore it.

Summary The medical database used by the US military shows a huge uptick in serious events in 2021. Only events caused by the vaccine (as noted by the uptick in VAERS reports for these symptoms) were elevated. The DoD has claimed the increase was because events in earlier years were under reported and they have corrected the error...

[Read more](#)

13 days ago · 766 likes · 539 comments · Steve Kirsch

8.

Who is Robert Malone

Regarding the Defense Medical Epidemiological Database Data Dump

These are dangerous times, and we are in a 21st century global information war. Cannon balls are flying, and there are false flag operations and concern trollery to the left, right and center of us. And yet onward we ride. The light brigade. Just to underscore the point, since the initial...

[Read more](#)

13 days ago · 1,011 likes · 139 comments · Robert W Malone MD, MS

9. <https://health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Health-Surveillance-Division/Data-Management-and-Technical-Support/Defense-Medical-Surveillance-System>

10. <https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/>

11.



Steve Kirsch's newsletter

Unprecedented: Deaths in Indiana for ages 18-64 are up 40%

Start by reading this story, “Indiana life insurance CEO says deaths are up 40% among people ages 18-64.” Read the whole thing now. Here’s the link to the video from the CEO. Note: In the event this story “disappears” from view, I kept a backup. You can’t be too careful nowadays...

[Read more](#)

a month ago · 1,047 likes · 1,183 comments · Steve Kirsch

12. <https://pubmed.ncbi.nlm.nih.gov/34664804/>

<https://www.bitchute.com/video/93bc4eyNPFI5/?list=notifications&randomize=false>

13. <https://report24.news/ab-13-jahren-lange-liste-ploetzlich-verstorbener-oder-schwerkranker-sportler/>

14.

Who is Robert Malone

A Health Public Policy Nightmare

Immune imprinting, breadth of variant recognition and germinal center response in human SARS-CoV-2 infection and vaccination Cell.

Published: January 24, 2022 DOI: <https://doi.org/10.1016/j.cell.2022.01.018>

Highlights (per the journal) Vaccination confers broader IgG binding of variant RBDs than SARS-CoV-2 infection...

[Read more](#)

10 days ago · 1,299 likes · 267 comments · Robert W Malone MD, MS

15. <https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
16. <http://indepthnh.org/wp-content/uploads/2021/10/COVID-Report-from-Rep.-Weyler-3.pdf>
17. thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html
18. [https://denisrancourt.ca/entries.php?id=109&name=2022 02 09 nature of the toxicity of the covid 19 vaccines in the usa](https://denisrancourt.ca/entries.php?id=109&name=2022%2002%2009%20nature%20of%20the%20toxicity%20of%20the%20covid%2019%20vaccines%20in%20the%20usa)
- 19.

Zana's Newsletter

WHO'S MORE AT RISK FROM THE C-19 INJECTIONS?

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...

[Read more](#)

2 months ago · 11 likes · 24 comments · Dr. Carver

20.



Steve Kirsch's newsletter

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

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...

[Read more](#)

2 months ago · 935 likes · 1,115 comments · Steve Kirsch

21. <https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf>

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

23. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2022/02/Scientific-Review-Dispelling-the-Myth-of-a-Pandemic-of-the-Unvaccinated.pdf>

24. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

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By Dr. Carver · Launched 3 months ago

Silenced No More

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 8 18 Share**Dr. Carver** Feb 17  Author

The WSBOH is meeting now. Below is how to register and view.

The agenda is now available for the Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC. The TAG will meet on Thursday, Feb. 17 from 9:00 a.m. – 3:00 p.m. via the Zoom Webinar platform.

To may access the meeting in the following ways:

1. Use your computer or laptop (requires registration):

a. https://us02web.zoom.us/webinar/register/WN_eE3TR0j1TYODyV-zEab0Jg

2. Dial-in using your phone:

a. Call in: +1 (253) 215-8782 (not toll-free)

b. Webinar ID: 886 2109 3915

c. Webinar Passcode: 426807

This is an online meeting via the Zoom Webinar platform. TAG members will participate online. The public may observe the meeting. The TAG will not receive public comment. This is a meeting of a technical advisory group convened by the Board and intended to develop recommendations for the full Board. If you have comments you would like to share with the TAG, please email the Board your comments.

Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

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2 replies by Dr. Carver



Margaret Anna Alice Writes Margaret Anna Alice Through the... · Feb 16 ♡ Liked by Dr. Carver

Brilliant job, Zana!!

♡ 5 Reply

1 reply by Dr. Carver

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WSBOH Criteria #6 Rebuttal

An evidence-based, slide-by-slide critique exposing bias, omissions, and fallacies



Lara Gabriel RN

Feb 17

♡ 2 💬 4 ➦

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](#). I will be responding only to criteria #6 in this post. [Please see this post by my colleague, Dr. Zana Carver, for her response to criteria #5.](#)

Criteria 6: *Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.*

Summary

In brief, the TAG presentation on criteria #6 shows a **substantial lack of evidence to support a “Yes” vote and overwhelming evidence to support a “No” vote**. The presentation included NO data for transmission among school-age children and those in daycare according to their vaccine status, yet expected the members to vote on this without any evidence presented.

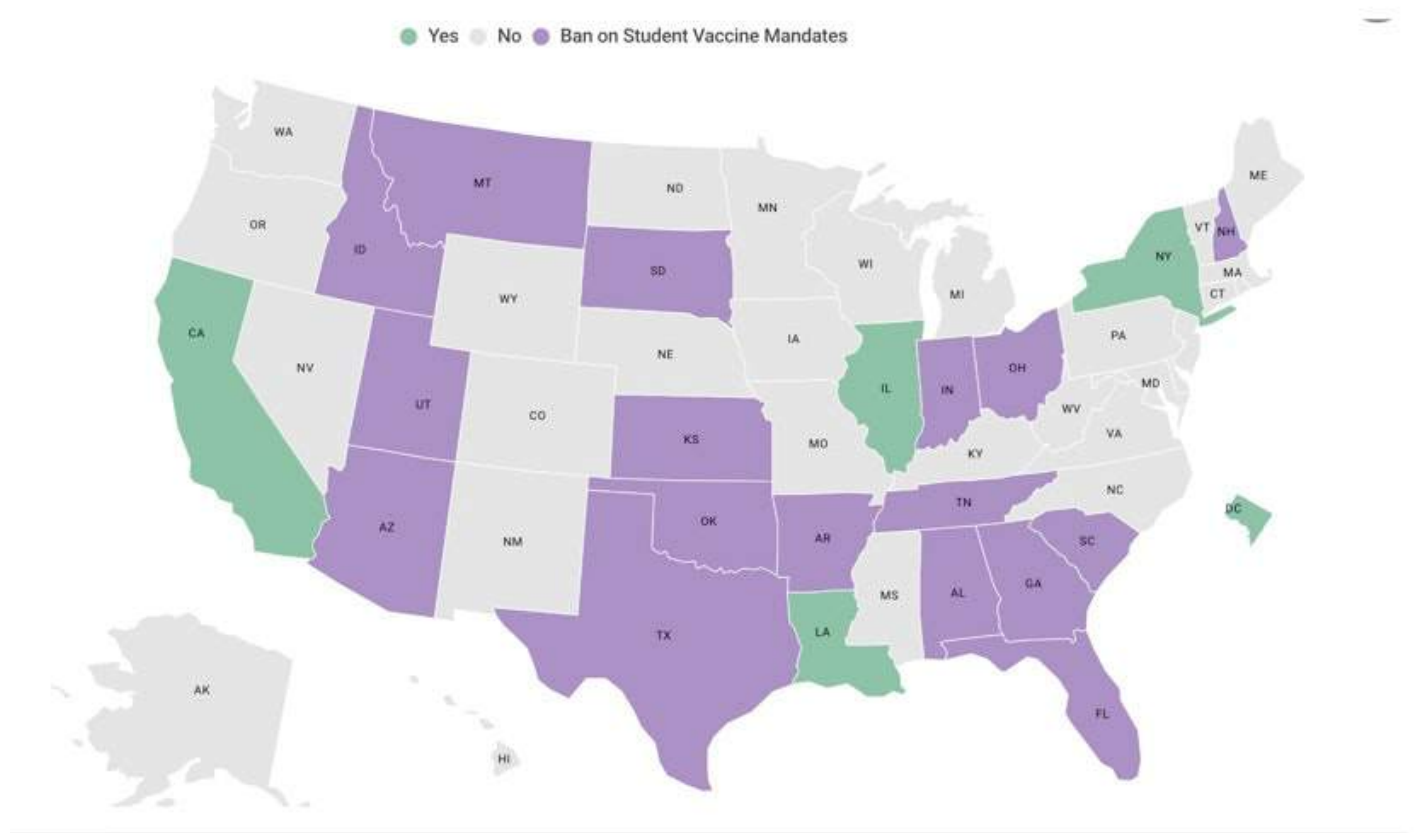
Twelve out of seventeen members voted yes, despite no evidence. The TAG team's 12 out of 17 "yes" majority vote in the face of non-existent evidence is alarming.

I care deeply about the health and safety of my fellow citizens. Mandating covid shots for kids might be understandable if scientific evidence supported the hypothesis that the injections were safe and could save many lives. Unfortunately, the science clearly shows that covid shots for healthy kids carry high risk, unknown long-term effects, and a troubling lack of safety signals, with no clear benefit over [natural immunity derived from covid infection which is very low-risk for children](#).

[An article in the peer-reviewed journal Toxicology Reports concludes:](#)

*"Given that the risk of contracting COVID-19 with serious outcomes is negligible in this population, **proceeding with mass inoculation of children 12–15 years old based on the trials that were conducted cannot be justified on any cost-benefit ratio findings.**"*

We must also consider the national context and public support for policy. Seventeen states (in purple in the map below) have banned adding covid shots to the school schedule. The majority of families oppose K-12 Covid shot mandates.



17 states currently ban student Covid vaccine mandates, 22 states have no student vaccine mandate, and a minority of 5 states have a student vaccine mandate

Questioning Assumptions

Before focusing on criteria #6, we must step back and question underlying assumptions in order to understand the lack of evidence for adding this shot to the school schedule. For simplicity, I refer to SARS-CoV2 and Covid-19 illness by the shorter, popular-use term “Covid.”

Are healthy children at significant risk from Covid transmission? No.

Unlike other vaccine-targeted disease, infection with Covid in children ranges from asymptomatic to mild cold-like symptoms. Overall deaths or severe illness in children is very rare. According to CDC data, children have a statistically nil incidence of death due to Covid. Children also have very low rates of hospitalizations associated with Covid. Note that rates of hospitalized children WITH a positive PCR test versus hospitalization DUE TO Covid is not

tracked by CDC or any state agencies. The CDC only tracks “Covid-19-associated hospitalization rates” which means hospitalization for any reason, plus a positive PCR test (which is universally given to all patients on admission). This murky metric is misleading, fear-mongering, and unhelpful for policy-making.

Should we create policy based on clinically misleading PCR tests? No.

And neither can the CDC. [The CDC has discontinued the most widely used, emergency-use authorization RT-PCR.](#) The CDC denies that the withdrawal is due to test failure in sensitivity or specificity. The CDC plans to introduce a new PCR that tests for both influenza and SARS-CoV2. [Controversy and critiques of the PCR test being used as a proxy for the diagnosis of Covid-19 disease remain,](#) raising serious doubts about the massive societal Covid-response policies built upon the foundation of the [reliability](#) of PCR tests.

Why is discussion of natural immunity lacking in the TAG presentation, and is vaccinating children against transmission of Covid even a goal worth pursuing?

Playing whack-a-mole with case counts as a policy metric may not be the best strategy for an endemic virus with a low case rate fatality and a preponderance of asymptomatic or mild illness. Instead, we must seek to understand the protective effect for the community of allowing children to develop natural immunity, with characteristically mild or asymptomatic infection, as a robust and long-lasting contribution to herd immunity. The goal of herd immunity from the mRNA injections has failed. [2022 might be the year we begin to embrace natural immunity and reasonable risk to live with Covid,](#) as we adapt from a pandemic to an endemic mindset. [The CDC has just released data from the Delta variant era that includes “infection-derived protection” and finding significant protection from re-infection and hospitalization from previous Covid infections.](#) [Case fatality rate and hospitalizations](#) are decreasing nationwide, and we can expect continued decrease of disease burden with increasing knowledge, improvements in early home treatment, therapeutics, and spreading immunity. We may also look forward to more accurate risk analysis if there is more transparency and stratification in reporting of data Current [hospital data lacks the distinctions of being hospitalized WITH Covid versus being hospitalized DUE TO Covid, or ICU hospitalizations versus general-admission hospitalizations.](#) Zero Covid is an impossible

goal, and we may shift to acceptance of reasonable risk, just as we do with other seasonal endemic respiratory viruses. [Prominent public health advocates are calling for living with Covid as the new normal.](#) Evolving milder variants, improvements in prevention, early home treatment and therapeutics, individual choice in vaccine uptake, and high rates of natural immunity in the younger generation could make childhood vaccine mandates unnecessary. The majority of the public opposes covid shot mandates for school children and daycare.

Do covid shots stop the spread of SARS-CoV2? No.

Despite early reports of some efficacy, it is becoming clear that subsequent variants have rendered the vaccine ineffective at stopping covid spread. For vaccination to be effective, it must either reduce the likelihood of a person becoming infected, or reduce the likelihood of a vaccinated and infected person infecting another person. Multiple studies show that covid shots are ineffective at preventing transmission of Omicron, including

- [In December, 2021, Pfizer stated that its product shows substantially reduced efficacy against the Omicron variant.](#)
- [The NIFB Supreme Court Amicus brief describes](#) “Real-world evidence from at least four countries with significant experience with Omicron — Denmark, the United Kingdom, Germany, and Canada, all of which provide more detailed and transparent data than has been made available in the United States — evidences that these vaccines have substantially zero efficacy at preventing Omicron transmission (p. 19-26).”
- Other studies from [Denmark](#) and [Scotland](#) show negative efficacy, meaning vaccination increases risk of illness.
- [Across the United States, vaccination rates are not related to case rates or to decreased Covid transmission within households](#)
- [Covid shots fail to decrease the viral load of infected individuals.](#)
- Countries with some of the highest Covid vaccination rate are showing the steepest rise in Covid infections, such as [Netherlands](#), [Seychelles](#), [the UAE](#), [Chile](#) and [Bahrain](#). In contrast, Africa has both the lowest vaccination and lowest Covid infections. This global pattern raises serious questions about whether covid shots are an effective tool for stopping Covid illness.
- What about early home treatment protocols?

The majority of Covid illness can be [treated effectively at home with proven, safe, multi-drug protocols for early home treatment](#). If more persons had access to [early home treatment protocols](#), then hospitalization and serious disease rates would be lower.

How do definitions of vaccinated and unvaccinated persons bias evidence?

A death within 14 days post-injection is counted as an unvaccinated death. This inflates the unvaccinated death rate and hides the death rates due to Covid shots. The vast majority of deaths from Covid shots occur within the first two weeks. [The CDC also has two different sets of testing guidelines — one for vaccinated patients and another for the unvaccinated](#). If you are unvaccinated, CDC guidance says to use a cycle threshold (CT) of 40, known to result in false positives. If you're vaccinated, they recommend using a CT of 28 or less, which minimizes the risk of false positives. [The CDC also hides vaccine failures by only counting breakthrough cases that result in hospitalization or death](#).

Is there any evidence of acceptable efficacy demonstrated in the Pfizer trials for children under 5? No.

[An unbiased TAG presentation must include this evidence](#) of vaccine efficacy failure in the Pfizer trials. [In young children, the shots appear to be falling far short of the minimum 50% efficacy standard for vaccines set by the FDA](#).

What is the risk-benefit analysis for kids?

[From VAERS, the risk to children of adverse vaccine reactions appears unacceptably high](#) for a disease with a relatively low risk of serious illness in children. The risk-benefit analysis clearly favors natural immunity and avoiding widespread use of mRNA vaccines in children until we have more data. We must remember our ethical mandate to

“First, do no harm.”

Slide-by-slide rebuttal of the conclusions reached by the TAG on 2/10 evaluation of criteria #6:

Slide 1: "Methods"

Methods used in preparing this presentation

Literature review

Articles that discussed person-to-person transmission of SARS-CoV-2 in congregate settings including schools.

Articles that compared transmission from vaccinated vs. unvaccinated person

Study selection

Studies of SARS-CoV-2 transmission in schools were done prior to the time when COVID vaccination was recommended for school-aged children

Example of such a study: [Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools](#) Pediatrics; April 2021 discussed data from school-aged children, but it was collected August 15, 2020 to October 23, 2020, so none of the study participants was vaccinated.

Studies in other settings and involving adult participants, but which compared transmission to and from vaccinated vs. unvaccinated persons will be presented.


References

All resources used in this presentation are referenced by number on the slides. Information about the corresponding source articles can be found on the reference slides at the conclusion of the presentation for those who want to read them.

- Author admits unacceptable gaps in the data on which to base evaluation of criteria #6
- There are no studies included on Covid transmission in schools between vaccinated and unvaccinated school-aged children. Therefore, there is no data to support a "yes" vote on criteria #6
- As the author admits, the information presented is based on studies of adult participants, which is not a representative population for evaluating school and childcare transmission.
- Children are not miniature adults. As any pediatrician will tell you, children have distinctive cellular and functional differences in their immune systems. A Lancet paper on this difference concludes that in "[situations such as the COVID-19 pandemic, the investigation and use of immune tools that nature has endowed to children might improve management outcomes.](#)"
- [Consider this in-depth discussion of how the definition of vaccinated and unvaccinated persons skews results toward worse outcomes for "unvaccinated" \(these two categories entail gray areas of dose and time intervals, not black and white distinctions\),](#)

- The cited studies are based on adults and the Delta variant, which are not relevant evidence for the evaluation criteria. Data on current and emerging variants is needed, or the recommendation should be to vote “no” and delay decision-making.
- Would you suggest vaccinating children against influenza with 2020 strains for a 2023 strain of flu? Vaccinating children with the Pfizer vaccine is equivalent to using a three-year-old flu shot, with no studies on efficacy with current flu variants.

Slide 2: “Vaccines can prevent transmission in two ways”



Vaccines can prevent transmission in two ways:

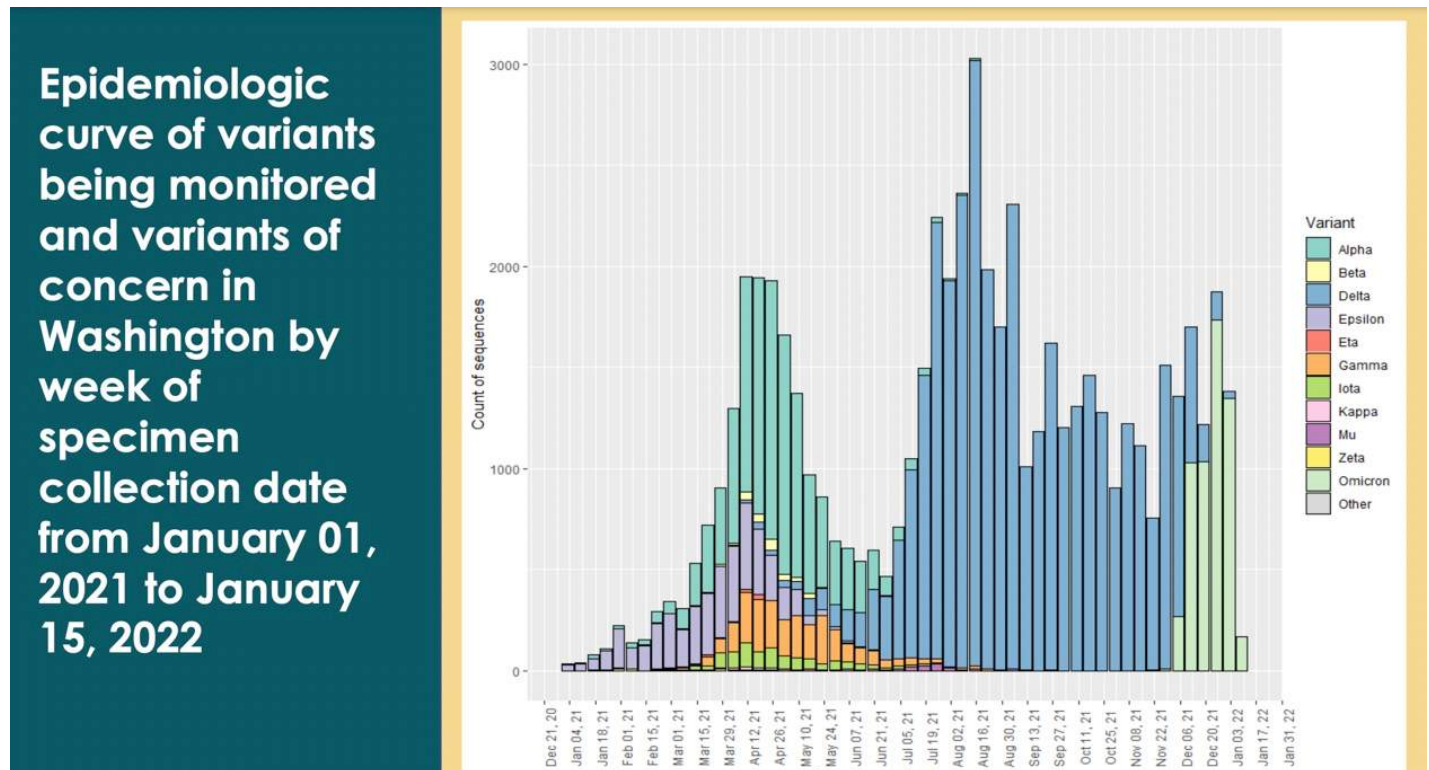
- By preventing infection in the first place
- By preventing transmission via reduced contagiousness once infected
- Studies of reduced contagiousness rarely address the full reduction in transmission
 - Studies generally require a recognizable infection (i.e., participants must have symptoms and a date of onset)
 - Contagiousness and reduced transmission from asymptomatic persons may not be considered

- As the author states, “transmission from asymptomatic persons may not be considered” (in vaccine efficacy).
- The vast majority of cases in children are asymptomatic.
- Efficacy requires a recognizable infection which requires an accurate test. Elevated cycle thresholds, inaccurate results in asymptomatic persons, and false positives remain a concern with PCR and rapid antigen testing. [The CDC has withdrawn the Real-Time RT-PCR Diagnostic Panel test.](#)
- We do not have accurate testing for Covid. We have mainly asymptomatic cases in children. Therefore, we lack evidence to evaluate transmission or vaccine efficacy. The

answer to whether the covid shot meets the nine criteria is, “We just don’t know.”

- All of the above on slide 2 supports a “no” vote on criteria six.

Slide 3: Title “Epidemiologic curve of variants being monitored and variants of concern in Washington by week of specimen collection date from January 01, 2021 to January 15, 2022”



- This chart underscores the fact that cited studies and vaccine development are based on obsolete variants. We have no evidence to evaluate the use of a 2020 vaccine on the current, rapidly evolving landscape of variants, which appear to be following Farr’s Law and producing infections in children progressing from mild in Delta to very mild with omicron.
- All of the above on slide 3 supports a “no” vote on criteria six.

Slide 4: “Viral Dynamics of Covid Variants in Vaccinated and Unvaccinated Persons”

Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons¹

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**

- A study, based on healthy adult men basketball players, with three 2020-2021 era variants
- Results: “Found no meaningful difference in the level of viral load or persistence of the virus between vaccinated and unvaccinated participants”
- This slide supports that we do not have evidence to support Criteria Six. All of the above on slide 4 supports a “no” vote on criteria six.

Slide 5: Effect of Covid-19 Vaccination on Transmission of Alpha and Delta Variants

Effect of Covid-19 Vaccination on Transmission of Alpha and Delta Variants²

Methods:

- Contact-testing data from England was used to perform a retrospective observational cohort study involving adult contacts (≥18 years of age) of SARS-CoV-2-infected adult index patients
- Study looked at the vaccination status of index patients and contacts to determine associations between vaccination status and transmission

Findings:

1. Where index patient was infected with the alpha variant, **2 vaccinations with Pfizer were independently associated with reduced positivity in contacts** as compared with contacts of index patients with no vaccination
2. **The effects of vaccination decreased over time:** Protection in contacts declined in the 3-month period after the second vaccination
3. **The reduction in transmission associated with vaccination was greater for the Alpha variant than it was for the Delta variant.**

- This slide is not relevant to the question because it describes a study of adult transmission with Alpha and Delta variants.
- “The effects of vaccination decreased over time” is evidence of the waning, temporary, short-term vaccine immunity that skews the risk-benefit analysis toward not adding this shot to the school immunization schedule.
- All the above on slide 5 supports a “no” vote on criterion six.

Slide 6: “Data on COVID-19 Transmission by Vaccinated Individuals”

Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons¹

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**

- Author mentions “Waning immunity over 3 months.” There is additional evidence that vaccine-induced immunity wanes over a few months, and may return to pre-vaccine levels. Pfizer trials in young children were extended to study a third shot due to low rates of antibody response in younger children.
- We must question the risk of imposing a school mandate on children with a vaccine that carries irreversible risk in exchange for a vaccine-mediated immunity with a rapidly waning, temporary antibody response for a disease that entails minimal risk to children.



Injecting Freedom

The Obvious Wins Again: Natural Immunity Superior to Vaccine Immunity

Does a Covid-19 vaccine provide better immunity than prior infection? While the pundits debated, the Informed Consent Action Network (ICAN) got to the bottom of this question. It engaged in a formal exchange with the CDC on this precise question. The unsurprising answer – natural immunity wins...

[Read more](#)

4 months ago · 179 likes · 38 comments · Aaron Siri

- [We must consider the lower-risk, longer-lasting option of natural immunity for school children.](#)
- The cited study conclusions are not a definitive finding on any differences in viral load of vaccinated and unvaccinated persons due to absence of microbiological studies to confirm findings.
- This study supports the “greater reduction in transmission in earlier variants, leading to reasonable assumption that transmission reduction may be low or non-existent effect in current and evolving variants.” This supports NOT vaccinating children.
- “Vaccinated people infected with the delta variant can carry detectable viral loads similar to those of people that are unvaccinated.” This supports NOT vaccinating children.
- The study on this slide focuses on severe disease. This is not relevant to all school children because children are not at risk for severe disease from Covid so they do not need a mandated vaccine. This choice is best left to individual families who may still choose to vaccinate children with underlying conditions who may be at risk of severe disease.
- [Recent studies by allergists show that children with asthma and allergies have a much lower number of ACE-2 receptors, which has been found to be protective against severe disease with COVID.](#) This re-categorizes a large category of children previously thought to be high risk.
- “Unlike delta, omicron seems to cause much higher numbers of breakthrough cases in vaccinated people.” (This is irrelevant to the question, because cases do not equal illnesses. Illnesses do not equal hospitalizations. Eliminating cases is not, in itself, a reason to mandate vaccinations for school children for an endemic virus.)
- This slide illustrates that 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. So, there is not sufficient evidence to meet the criteria.

- All of the above on slide 6 supports a “no” vote on criteria six.

Slide 7: Title: “Centers for Disease Control and Prevention talking points on Transmission of Covid in K-12 Schools and Early Care and Education Programs”

Centers for Disease Control and Prevention talking points on Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs^{5,6}

- As of December 14, 2021, approximately 70.4% of those 12 years and older in the United States were fully vaccinated.
- **Increasing COVID-19 vaccination rates will likely affect patterns of transmission in schools and communities.**
- **The introduction of new variants of the virus into the population likely will further affect the evolving epidemiology and interpretation of future studies as will understanding how transmission varies by the age of the child.**
- In Michigan and Washington state, delivery of in-person instruction was not associated with increased spread of SARS-CoV-2 in schools when community transmission was low, but cases in schools did increase at moderate-to-high levels of community transmission.⁸

When community transmission was low, there was no association between in-person learning and community spread.⁸

- If we have a 70.4 percent voluntary rate of fully vaccinated persons 12 and older, is a school mandate necessary?
- There is no supporting evidence for the talking point “Increasing COVID-19 vaccination rates will likely affect patterns of transmission in schools and communities.”
- “The introduction of new variants of the virus into the population likely will further affect the evolving epidemiology and interpretation of future studies as will understanding how transmission varies by the age of the child.” This statement supports a “No” vote because it shows more lack of evidence to support the criteria on transmission. Again, the evidence and lack of evidence points to “We just don’t know.”
- The landscape of the virus and the population is evolving, transmission and risk are both age-stratified issues, and we simply do not know enough about patterns of transmission to support an experimental use authorization of a novel technology that may do more harm than good.

- “In Michigan and Washington state, delivery of in-person instruction was not associated with increased spread of Covid in schools when community transmission was low, but cases in schools did increase at moderate-to-high levels of community transmission. When community transmission was low, there was no association between in person learning and community spread.⁸”
- A reading of the entire study shows significant limitations and inconclusive findings which makes any evidence from this study dubious for the purpose of evaluating criteria six. The limitations discussion includes, “ Event studies in Washington are **quite imprecise**, but they do not suggest the same increase in COVID spread stemming from districts’ initial reopening.” **we hesitate to offer specific recommendations** about exact case rate thresholds. This is because, as with any econometric model, **there is uncertainty in our estimates...**
- The CALDER study relies mainly on 2020 and early 2021 data and is not relevant to the current conditions. In Washington State with a high percentage of vaccinated adults, and evolving milder variants, we can expect continued low community transmission.
- The author had made an error in citation, citing reference number 8 for the statements on this slide, which is a preprint from China, not the CALDER study. This citation error undermines the authority of the presentation.
- All of the above on slide 7 supports a “no” vote on criteria six.

Slide 8: Title: “COVID-19 infection and vaccine effectiveness – community surveys in England”

COVID-19 infection and vaccine effectiveness – community surveys in England⁷

Methods:

- Community transmission study in general population aged 5 years and older
- Participants with positive COVID-19 PCR test identified during a June-July 2021 survey
- Second survey September 2021 estimated community-based prevalence of COVID-19 and vaccine effectiveness against infection

Results:

- The **highest weighted prevalence of COVID-19 infection was observed among children aged 5–12 years (2.32%), and those aged 13–17 years (2.55%)**
- Because few under 18 were vaccinated, persons under 18 were excluded from vaccine effectiveness analysis
- In persons aged 18 years and older weighted **prevalence in unvaccinated people was three to five times higher than in persons with 2 doses of vaccine**
- For 2-dose recipients in each age group over 18, **prevalence of COVID-19 infection was increased in persons whose second dose was received 3–6 months before their test compared to those who were vaccinated 3 months or less before being tested**
- All sequenced specimens were Delta

- Delta variant is referenced in the study. This study is not relevant to 2022 policy.
- Conclusions from the REACT study that support a “No” vote on the transmission criteria: “an estimate of vaccine effectiveness against infection of 63% from REACT-1 rounds 13 and 14, when the delta variant dominated... vaccine effectiveness is specific to population and time so these estimates reflect the performance of the vaccines in England during a specific time period (ie, June–September, 2021). Since then, the omicron (B.1.1.529) variant had become dominant in England by December 2021, with studies by UK HSA indicating **lower vaccine effectiveness against symptomatic infection for omicron compared to delta**”
- Study states “breakthrough infections following two-dose vaccination might increase after 3–6 months” which acknowledges rapidly waning effectiveness of the vaccine and supports a “no” vote on criteria six.
- Cited study states, “As of Sept 27, 2021, only 1214 (6.3%) children aged 12–17 years had been vaccinated in the REACT-1 study, **thus not allowing a meaningful extension of our vaccine effectiveness analyses to that age group in round 14**” Further studies of vaccine effectiveness are warranted given the rapid increase in omicron infections in England beginning in December, 2021.” Again, this supports a “no” vote on criteria six.

- A further limitation is that we do not have accurate data on the vaccination status of all participants. “Not all participants consented for linkage to their NHS records.” Study results were obtained using RT-PCR swab positivity data, and this is based on assumption that PCR test has a meaningful sensitivity and specificity for Covid, which is in doubt. Again, the cited study supports the conclusion that we do not have enough reliable evidence and supports a “no” vote on criteria six.
- The CDC defines prevalence as “the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time”. This study defines prevalence by self-administered or parent-administered PCR testing not clinical signs, in patients who may, or may not, exhibit disease symptoms. Prevalence depends on test accuracy. Tests may or may not be accurate. Prevalence measurement necessitates that a disease is clinically well- defined. There is not enough evidence of a clinically well-defined illness to support using prevalence as evidence on transmission.
- All of the above on slide 8 supports a “no” vote on criteria six.

Slide 9: Title: “Transmission dynamics and epidemiological characteristics of Delta variant infections in China”

Transmission dynamics and epidemiological characteristics of Delta variant infections in China⁸

Methods:

- Data on confirmed cases and their close contacts from an outbreak were retrospectively collected
- Key characteristics were collected, and secondary attack rates were estimated
- Important note: This article is a preprint that is still awaiting peer review.

Results:

- The mean estimates of the latent period and the incubation period were 4.0 and 5.8 days, respectively.
- The secondary attack rate among close contacts of Delta cases was 1.4%.
- **73.9% of the transmissions occurred before onset of illness in the index case**
- **Index cases without vaccination or with one dose of vaccine were more likely to transmit infection than those who had received 2 doses of vaccination**

- This study is not relevant to evidence for our question since it is deals with China, Delta and adults. The applicability and transferability of research from two very different countries is questionable.
- This study is a preprint, not peer reviewed, and accuracy of data is limited by dependence on accuracy of contact tracing methods.
- All of the above on slide 9 supports a “no” vote on criteria six.

Slide 10: “Virological and serological kinetics of Covid Delta variant vaccine-breakthrough infections: a multi-center cohort study”

Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study⁹

Methods:

- Retrospective cohort study of patients that had received a licensed mRNA vaccine and were later admitted to a hospital with COVID-19
- Compared clinical illness and test outcomes including PCR cycle threshold (a proxy for viral load) between fully vaccinated and unvaccinated individuals
- Important note: This article is a preprint that is still awaiting peer review.

Results:

- Despite significantly older age in the vaccine breakthrough group, the odds of severe COVID-19 requiring oxygen supplementation was significantly lower after vaccination.
- **PCR CT values were similar between both vaccinated and unvaccinated groups at diagnosis, but viral loads decreased faster in vaccinated individuals.**

- Uses PCR cycle threshold as a proxy for viral load, this is not a definitive finding on any differences in viral load of vaccinated and unvaccinated person. The absence of microbiological studies to confirm findings makes the results irrelevant. Per the CDC, “Cycle threshold values should not be used to determine an individual’s viral load, how infectious an individual person may be, or when an individual person can be released from isolation or quarantine.”
- Study involves adults, and many much older adults which are not relevant to school children.

- This is another preprint, not a peer-reviewed study.
- Study acknowledges high rate of infections in the vaccinated group (breakthrough infections), which supports evidence of low vaccine effectiveness in transmission.
- All of the above on slide 10 supports a “no” vote on criteria six.

Slide 11 “Effectiveness of Pfizer Vaccine against Omicron Variant in South Africa”

Effectiveness of Pfizer Vaccine against Omicron Variant in South Africa¹⁰

Methods:

- Study used live-virus neutralization assays to analyze PCR test results obtained during two time periods.
- Analyzed PCR test results obtained during two time periods:
- Comparator Period: September 1 – October 30 when the Delta variant was dominant
- Proxy Omicron Period: November 15 – December 7 when the Omicron variant had become dominant

Results:

- During the **Comparator Period, a vaccine effectiveness of 93% against hospitalization for COVID -19 was seen** for the Pfizer vaccine.
- During the **Proxy Omicron Period, a vaccine effectiveness of 70% against hospitalization for COVID -19 was seen** for the Pfizer vaccine.
- **These measures of vaccine effectiveness were significantly different.**
- Showed that **Omicron was better at escaping antibody neutralization** by the Pfizer vaccine.

- Study and slide states “These measures of vaccine effectiveness were significantly different.
- Showed that Omicron was better at escaping antibody neutralization by the Pfizer vaccine”
- All of the above on slide 11 supports a “no” vote on criteria six.

A summary of excluded critical issues in the TAG presentations to date which creates an appearance of bias:

- Omicron, the dominant 2022 variant, is very mild and very low-risk for children
- Natural immunity
- High number of deaths and serious adverse reactions in VAERS
- VAERS estimated URF (under reporting factor) for an accurate estimate of risk
- Original Antigenic Sin and Disease Enhancement caused by vaccines

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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2 months ago · 61 likes · 19 comments · James Lyons-Weiler

- Age-risk stratification
- [Unknown long-term adverse effects with zero long-term safety data](#)
- Ethics of experimental use authorization drugs for children by an outside expert in bioethics
- [Risks of dosing by age not weight](#)
- Zero carcinogenicity or reproductive toxicity studies
- Misleading mortality data on hospitalizations/deaths of children WITH Covid versus DUE TO Covid
- In current era, a high case rate does not correlate with high hospitalization rate
- Clinically misleading PCR tests

- Short-term waning immunity of Covid shots versus long-lasting natural immunity
- Proven alterations in innate immunity due to Covid shots
- Warning signals in recent data, unlike Pfizer's data, shows that the covid vaccine may be causing, not preventing, premature deaths and illness. This [mathematical evaluation of Covid vaccination efficacy in England concludes that infected vaccinated people are dying at a 14.5% percent higher rate than infected non-vaccinated people.](#)
- Criminal history of Pfizer must be mentioned in every evaluation of a Pfizer product:



Kanekoa's Newsletter

Pfizer's History of Fraud, Corruption, and Using Nigerian Children as 'Human Guinea Pigs'

One of the most significant cultural transformations of the last two years has been the newfound glorification of the pharmaceutical industry. An industry plagued by decades of fraud, corruption, and criminality managed to quickly rebrand itself as the savior of humanity during the covid-19 crisis. But nothing inherently changed...

[Read more](#)

2 months ago · 67 likes · 23 comments · KanekoaTheGreat

- Exaggerated risk of very rare multi-system inflammatory syndrome MIS-C ([which is also causally linked to the Covid shots.](#))

Multisystem Inflammatory Syndrome in Children (MIS-C)

- Severe hyperinflammatory syndrome occurring 2-6 weeks after acute SARS-CoV-2 infection, resulting in a wide range of clinical manifestations and complications
- Incidence has been estimated as 1 MIS-C case in approximately 3,200 SARS-CoV-2 infections
- 60-70% of patients are admitted to intensive care, 1-2% die



• Bowen, et al. Demographic and Clinical Factors Associated With Death Among Persons <21 Years Old With Multisystem Inflammatory Syndrome in Children—United States, February 2020–March 2021. *Open Forum Infectious Diseases*, Volume 8, Issue 8, August 2021. <https://doi.org/10.1093/ofid/ofab388>

• Payne AB, et al. Incidence of Multisystem Inflammatory Syndrome in Children Among US Persons Infected With SARS-CoV-2. *JAMA Netw Open*. 2021;4(6):e2116420. Published 2021 Jun 1. doi:10.1001/jamanetworkopen.2021.16420

• Feldstein LR, et al. Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19. *JAMA*. 2021;325(11):1074-1087. doi:10.1001/jama.2021.2091

• Belay ED, et al. Trends in Geographic and Temporal Distribution of US Children With Multisystem Inflammatory Syndrome During the COVID-19 Pandemic [published online ahead of print, 2021 Apr 6]. *JAMA Pediatr*. 2021:e210630. doi:10.1001/jamapediatrics.2021.0630

• <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

CDC illustration of rare incidence of MIS-C. This number is based only on diagnosed Covid infections and may actually be much lower if estimates included asymptomatic and undiagnosed infections. Risk of severe vaccine adverse reactions or death may be much higher than MIS-C risk. Accurate data on number of vaccinated vs unvaccinated children with MIS-C is needed.

- Additionally, the presentations provide only the Relative Risk Reduction (RRR) from clinical trials, rather than the Absolute Risk Reduction (ARR). • **Absolute risk versus relative risk can be used disingenuously to manipulate public uptake of an intervention, as described in the BMJ.** It is unethical to use relative risk reduction, without balanced absolute risk reduction statistics, to manipulate policy-makers and the public about a for-profit injectable products such as Covid shots. Additionally, presentations should distinguish between the very different terms efficacy and effectiveness. It is unethical and deceptive to present research efficacy percentages without a balanced discussion of effectiveness in the real world.

“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 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%”.

- The presentations fail to include that the clinical trials in children were too small study and too short in duration to find serious adverse outcomes in either the short or

long term. Pfizer's report to the FDA for children ages 5-12, said: *"The number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination."*

- One deceptive device used by Pfizer in their trials was the elimination of study subjects after the first shot if they experienced severe adverse reactions. Maddie de Garay was twelve when her mother enrolled her in Pfizer's trial. She was injured by the first shot and is now paralyzed, but *her injury is not listed in the clinical trial data.*
- *The shifting goalposts on transmission efficacy is misleading.* "Transmission efficacy" is the ability of a vaccine to prevent a new infection leading to disease. The focus of covid vaccine efficacy in children has shifted from prevention of death to prevention of hospitalization to to prevention of serious symptoms. In the latest Pfizer trials, efficacy has shifted to using "antibody production" (ideally neutralizing antibodies, but not always.) Meanwhile, the unaware public is reading "efficacy" or "effectiveness" as all the same, which they are not. Efficacy is a measure of a vaccine in the ideal, controlled conditions of a drug trial, which can look quite high. High efficacy in a vaccine trial often does not translate to real-world effectiveness or safety.

Conclusion

In summary, the TAG presentation on criteria #6 shows a **substantial lack of evidence to support a "Yes" vote and overwhelming evidence to support a "No" vote.** The presentation included NO data for transmission among school-age children and those in daycare according to their vaccine status, yet expected the members to vote on this without any evidence presented. Twelve out of seventeen members voted yes, despite NO evidence. The TAG team's 12 out of 17 "yes" majority vote in the face of non-existent evidence is troubling and merits an independent investigation and a re-vote.



Pharmacist Sima Manifar prepares a children's dose of the Pfizer COVID-19 vaccine during a vaccination clinic. (AP Photo/Charles Krupa)

Thank you to all the concerned parents, health care providers, and citizens who continue to stay informed and provide comment or testimony to the WSBOH and/or to the FDA about your concerns on the authorization and mandates of experimental Pfizer mRNA injections for children. Because of you, and your care for children, the rubber-stamping of these irreversible injectable medical products may be paused while we gather more data on safety and effectiveness. A special thanks to the hard-working Substack writers, and to my friends, [Dr. Zana Carver](#) and [Informed Choice Washington](#) for your valuable input.

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PCR Proven An Unmitigated Disaster: Italy Reduces its COVID-19 Death Number by 97%. We Tried to Warn You.

Since March, 2020, I've been sounding the alarm on the misuse of PCR test results as a proxy for a diagnosis of COVID-19, the disease caused by a SARS-CoV-2 infection. Based on first principles, it was clear to me then that the false positive rate of PCR conducted at high cycle threshold values would lead to far more false positive than true positive t...

[Read more](#)

4 months ago · 65 likes · 41 comments · James Lyons-Weiler

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Data Matters

Thumb on the scale

I have said for months that the numbers provided by the CDC just don't add up. Remember when they were claiming that 99% of all people in the hospital were unvaccinated? Simple math showed that was impossible. They had to be putting their thumb on the scale somehow...

[Read more](#)

a month ago · 1 like · 1 comment · Data Matters

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Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

[Read more](#)

2 months ago · 61 likes · 19 comments · James Lyons-Weiler

37. <https://wsau.com/2021/12/16/leading-researcherinventor-of-the-mrna-vaccine-dont-vaccinate-your-children/>

Kids, Covid, and Covid Vaccines

mRNA Vax Pseudoscience: Dosing by Age, Not Weight

The Covid-19 mRNA vaccines require different doses to produce comparable antibody responses in human beings of different sizes. To address this issue, Pfizer created age brackets when testing the vaccine in its clinical trials. The resulting Pfizer mRNA vaccines are dosed exclusively by age. Teens and adults ages 12 and older get two doses of 30 mic...

[Read more](#)

6 days ago · 54 likes · 21 comments · Darby Shaw



Kanekoa's Newsletter

Pfizer's History of Fraud, Corruption, and Using Nigerian Children as 'Human Guinea Pigs'

One of the most significant cultural transformations of the last two years has been the newfound glorification of the pharmaceutical industry. An industry plagued by decades of fraud, corruption, and criminality managed to quickly rebrand itself as the savior of humanity during the covid-19 crisis...

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2 months ago · 72 likes · 24 comments · KanekoaTheGreat

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Injecting Freedom

FDA Buries Data on Seriously Injured Child in Pfizer's Covid-19 Clinical Trial

When Stephanie and Patrick de Garay enrolled their 12-year-old child Maddie and her two brothers in Pfizer's Covid-19 clinical trial, they believed they were doing the right thing. That decision has turned into a nightmare. Maddie, a previously healthy, energetic, full of life child, was within 24 hours of her second dose reduced to crippling, scream-i...

[Read more](#)

4 months ago · 211 likes · 154 comments · Aaron Siri

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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true informed consent and autonomy in medical choices. Not medical or legal advice.

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2



4



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Dr. Carver Writes Zana's Newsletter · Feb 18 Liked by Lara Gabriel RN

This article is very well written and supported by substantial evidence. I love the neutral tone and professionalism that's difficult to articulate when so much false and misleading information was presented. You are an excellent writer and I'm so thankful to share in the process of getting to the truth!

2 Reply



Dr. Carver Writes Zana's Newsletter · Feb 21 · *edited Feb 21* Liked by Lara Gabriel RN

I would recommend providing a public comment but conveniently for them the link does not exist. Please email them and let them know that you would like a link to provide a comment. Thanks!

COVID-19 Vaccine Public Response

Prevention and Community Health Division

Washington State Department of Health

COVID.vaccine@doh.wa.gov

360-236-3873 | www.doh.wa.gov

<https://sboh.wa.gov/Meetings/ProvidePublicComments>

DOH COVID 19 Vaccine Engagement

1 Reply

2 replies by Lara Gabriel RN

2 more comments...

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Publish on Substack

Substack is the home for great writing

From: john_bris@yahoo.com
Sent: 3/3/2022 6:21:01 PM
To: DOH WSOH
Cc:
Subject: TAG Recommendation on Covid 19 Shots

External Email

I am writing to urge you to follow the TAG recommendation Not to recommend Covid 19 shots be required for for daycare and K-12 students in Washington.

These vaccines are based on novel and untested mRNA technology. This is the first vaccine this technology has been used on. Should we test a novel vaccine on children for a disease that has close to 0% mortality rate for them? That seems very unwise.

The Vaccines do NOT stop transmission in any way. The often stated function of protecting other students or faculty is false. The vaccines will not protect anyone except the person taking them. This has been stated by the CDC Director herself:

CDC Director: Covid vaccines can't prevent transmission anymore
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0e1588a9902241f64c8808d9fd859efd%7C11d0>>

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<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

CDC Director: Covid vaccines can't prevent transmission anymore

CDC Director Rochelle Walensky said in an interview on CNN that Covid-19 vaccines are no longer effective at pre...

So right there we have reduced the argument for vaccines for school students by half!!

Secondly, a number of medical experts, scientists and published studies have warned the covid

shots can reprogram your immune system to respond in a dysfunctional manner. A study posted on the preprint server medRxiv, May 6, 2021, found the Pfizer/BioNTech COVID jab "reprograms both adaptive and innate immune responses," causing immune depletion.

While the jab "induced effective humoral and cellular immunity against several SARS-CoV-2 variants," the shot "also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and nonspecific (viral, fungal and bacterial) stimuli."

People who were "fully vaccinated," having received two doses of the Pfizer shot, also produced significantly less interferon upon stimulation, which hampers vitally important innate immune responses.

In other words, we're looking at a horrible tradeoff. You may get some protection against SARS-CoV-2 and its variants, but you're weakening your overall immune function, which opens the door wide to all sorts of other health problems, from bacterial, fungal and viral infections to cancer and autoimmunity.

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses

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

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

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive an...

The mRNA-based BNT162b2 vaccine from Pfizer/BioNTech was the first registered COVID-19 vaccine and has been show...

Is it wise to jeopardize children's immune function since they have a .003% fatality rate from covid 19? I don't think so, and many doctors and medical experts agree including the inventor of the mRNA vaccine:

mRNA inventor says young adults shouldn't have to get COVID vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2FmRNA-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2F>

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<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

mRNA inventor says young adults shouldn't have to get COVID vaccine

Dr. Robert Malone, inventor of mRNA technology that's used in the COVID vaccine, told Fox's Tucker Carlson that ...

Combine the threat to children's immune system and the evidence of deaths and injuries from the Covid 19 Vaccines and you have a very strong argument against mandating vaccines for school aged children.

The VAERS database shows over 23,000 deaths and 38,000 disabilities, 25,000 life threatening events, 121,000 hospitalized and 116,000 emergency room visits as of Jan. 7th, 2022, so these numbers will be even higher today!!

If parents want their children to get the vaccines, and take the associated risks, then that's their prerogative. But to mandate the rushed vaccines that have more deaths and injuries than all other vaccines in recorded history combined is illegal and immoral!!!

IF you do pass this mandate, there must be an exemptions for medical, philosophical and religious reasons.

I have personally heard from many parents that they will move out of Washington if you pass this unwarranted mandate, so I hope you do not vote to have the covid 19 vaccines on the school vaccine list!!

Sincerely
John Bristol
Puyallup, WA

From: Testify Online Survey
Sent: 3/1/2022 10:25:55 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:

Required Covid Vaccine for children

3.

Your Name:

Louise Elizabeth Higgins

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2011 W Montgomery Ave Spokane, WA 99205

7.

Email:

littlelooie77@msn.com

8.

Phone Number (Include Area Code):

5093277715

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

There is simply too much questionable about this vaccine and children are the least susceptible and least at risk. There is not enough time to determine the affects of the vaccine and our children should not be part of an experimental program.

From: E Fehr
Sent: 3/3/2022 9:20:43 PM
To: DOH WSBOH
Cc:
Subject: vaccinations

External Email

I ask you to help prevent the mandate to vaccinate children.
The vaccines are only 10 - 15 % effective in children 5 -11.
And the death rate in the studies of children under 18 is higher from the vaccine than from the virus.

Thank you for using common sense,
Erika Fehr

From: Lynn Bergeron
Sent: 3/3/2022 5:09:42 PM
To: DOH WSBOH
Cc:
Subject: Comment on TAG's recommendation



attachments\064AA4BBBA544085_March letter to WA BoH.docx

From: Janice Moerschel
Sent: 3/4/2022 8:20:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I urge you to ratify TAG's recommendation AGAINST any mandating of children in this state to get Covid "vaccines." The children are at little to no risk of dying from the virus. However, there are many risks associated with these shots that could affect children for their lifetimes. Do you want to be responsible for pushing something on children that may cause them great harm? Health decisions for children belong in the hands of the parents of these children - not with the state.

Sincerely,
Janice Moerschel
Spokane, WA

From: Phillip Parrish
Sent: 3/3/2022 1:41:18 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccination for Schools

External Email

Hello,

I would like to go on record for all board members to hear and read: I DO NOT support the Covid-19 injections being required for school entry next year.

Pfizer safety data is not even due to the US government until 2024, we should not even be debating this topic with experimental vaccines.

I urge you to vote NO on this topic and hold the debate for clear science to support.

The fact that exemptions exist is not enough.

Please vote NO.

Thanks

From: jframe@whiteriver.wednet.edu
Sent: 3/3/2022 8:35:51 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

To Whom it May Concern,

I am writing in support of the TAG members vote to not recommend adding the COVID-19 vaccine to the state's list of required immunizations for school entry. There are several factors, one being that there is too much unknown about the vaccines at this time, that make such a requirement unwise and unnecessary.

I respectfully ask that you adhere to the TAG members recommendation and end any move to require Covid vaccinations.

Sincerely,
Joe Frame

Sent from my iPhone

From: Doug & Donna Woods
Sent: 3/3/2022 1:28:58 PM
To: DOH WSBOH
Cc:
Subject: Urgent Request

External Email

To Whom it May Concern:

Please...please ratify the Technical Advisory Group's vote to NOT require the vaccine mandate for our children in the state of Washington!

If you're not already aware (you should be!) these so-called vaccines do NOT prevent the spread or infection of Covid. Indeed, there are tens of thousands of DEATHS from these shots, not to mention innumerable other adverse reactions. There are enough studies and case histories around the world now that no one need rely on hearsay or politically-motivated narrative. GETTING THE COVID SHOT IS A TERRIBLY BAD IDEA!

My family, along with millions of others, have chosen NOT to get the shot. When we contracted Covid in December, it was nothing more than a head cold. My wife didn't even miss a day of work. Yes, there are a few who die of it but almost invariably they have (1) co-morbidities, and (2) did NOT get early treatment. Those of us who boosted our immune system with zinc, Vitamin D, qweracetin, etc. as well as taking Ivermectin upon noticing symptoms, sailed through without a care. Unfortunately, politicians have discouraged early treatment and tried to funnel everyone into taking the shot.

Our children are the least vulnerable. It's almost unheard of for a child under 20 to die of Covid without there being other major issues involved. And we now know that someone who is asymptomatic can NOT spread the disease! So, why would we insist our kids get shots they don't need with side effects no one can predict? How many of them will become infertile when they grow up? How many of them will develop myocarditis or pericarditis? It's insanity and it's morally repugnant.

I repeat: Do NOT require the vaccine mandate -- for anyone in the state of WA. If you do, the blood of those who die from it will be on YOUR hands!

Respectfully,

Doug, Donna, Destiny, and Bert Woods (all adult voters)

Sequim WA

From: Jerilyn Twydell
Sent: 3/3/2022 11:46:16 AM
To: DOH WSOH
Cc:
Subject: Please do not mandate our children to get the Vaccine for K-12!

External Email

There are so many reasons to not implement this mandate!!

First, you should not have the right to mandate that my child get any vaccine. This is a parental right! I should have the choice to do what is right for my child and family.

The fear and panic that has been created is ridiculous, but beyond that it is time to move towards resuming normal life and can be done without the vaccine for our kids! This vaccine does not stop the spread of the virus!! So, it is irrelevant thinking vaccinating our kids is stopping the spread.

If you force my family to vaccinate our children, you are going to break up my family and on top of it force us to move out of WA state. So, there are far more implications than you are even considering.

Below is listed several resources and evidence not to have this upon our children

1. It doesn't provide a lasting immune response. Several studies question its efficacy. Most recently a NY study states that;

"The vaccine's efficacy against infection...declined to 12% at the end of January from 68% in mid-December compared to kids who did not get vaccinated...

For those aged 12 to 17, the vaccine's protection against infection fell to 51% in late January from 66% in mid-December."

Source: https://www.reuters.com/.../pfizerbiontech-covid-vaccine...
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fbusiness%2Fpharmaceuticals%2Fpfizerbiontech-covid-vaccine-less-effective-ages-5-11-new-york-study-2022-02-28%2F%3Ffbclid%3DIwAR1AR4HUyv0uiO5mb8kyyeDvKgF4cJ7zYTSdUJFUqAwSxb5ZUxz8vob1OyM&data=0>>

2. Most of our kids have natural immunity and will need it as they mature.

Serology testing data shows that the majority of our children already have robust Covid antibodies, and this data was analyzed before the omicron outbreak which would make these results significantly higher.

" It estimated that 58 percent of children up to age 11 have antibodies from natural infection, along with the same share of children age 12 to 17."

Source: <https://www.washingtonpost.com/.../covid-cases-nationwide/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fhealth/cases-nationwide%2F%3Ffbclid%3DIwAR09vmxL7SIiYJ51essM3FN3Xj2T8hIcRhwx3DAcAOB1xRwRsQtcVjdsLMA&>

3. Children are at very low risk of negative affects from Covid in the first place such that it is morally wrong to require an EUA vaccine.

The CDC itself in 2021, when a far more dangerous variant was circulating estimated the death rate of children to be .2/100,000.

4. The vaccine itself is not without harm. Many countries do not mandate this for children as a result.

“According to a Jama-published study, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.”

Source: <https://jamanetwork.com/journals/jama/fullarticle/2788346>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama/fullarticle/2788346>

5. The WA State House itself just dropped it's vaccination requirement to attend floor votes and the majority of our lawmakers fall into the higher-risk category because of their age and health status.

To bar unvaccinated children from attending school while allowing unvaccinated lawmakers to attend floor votes is the epitome of hypocrisy and bad policy.

<https://komonews.com/.../house-drops-vaccination...>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffl.facebook.com%2Ffl.php%3Fu%3Ffbclid%3DIwAR27N4S72yCuBKgZqFK_SYYIs_FINwgHrjfGV4zGo0rIQP5e0IBGUBZuIic%26h%3Fwpuzzw3iTD1hHavbrzs6cpFIOCm968QUn_TBYEMeORBjEsvc_vGSgI0CQIaIiwukJSAKuISp_S3VAN8RaAk9-IL1HOT7mxQZLBrBzIZ-xPg%26__tn__%3DR%255d-R%26c%255b0%255d%3DAT1ETHwR7LJYkphlbmdzSX93r4ceyd7TyRIgWQT7O6aF-J6zXri-5xmVIBpqk2BWfei0Xs885rUFib3c8h7h4j4FvQI4soxN-IOFVsSKMc93m_DAdDGZkBzoqpW5kplbl7llcoif5IXCnGQ-H73Db0nxRnFEF5Md3GPnp_YKQdCSeIjxlZbZM2hVLx2a2j8PzcRDcItvHzvk12tuZnU&data=04%7C01%7Cwsb

6. The most vaccine hesitant families remain those in BIPOC and other marginalized communities. To exclude them from attending school, when they have suffered the biggest learning losses during this pandemic is unethical.

While a vaccine mandate allowing a philosophical exemption may have seemed like reasonable policy with previous variants, enacting such a mandate at a time when the

vaccine is not stopping transmission, the circulating variant is largely asymptomatic or mild, and the rest of the country has largely dropped all mandates is likely to be met with fierce opposition and will spread vaccination resistance that will have downstream effects for generations.

I urge you to accept the TAG group's recommendation and immediately vote to reject a Covid mandate for K-12 attendance.

Also and additional article showing the risk of covid for children vaccinated.

https://alexberenson.substack.com/p/urgent-mrna-shots-raise-the-risk/comments?utm_campaign=post&utm_medium=web&utm_source=direct&s=r
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falexberenson.substack.com%2Fp%2Furgent-mrna-shots-raise-the-risk%2Fcomments%3Futm_campaign%3Dpost%26utm_medium%3Dweb%26utm_source%3Ddirect%26s=r

Please, do not do this to our families and children.

From: Dawn Marrazzo
Sent: 3/3/2022 10:27:42 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for school entry

External Email

To whom it may concern,

I understand that the board of health plans to meet on March 9th to discuss the advice of TAG to not add the covid 19 "vaccination" to the childhood schedule for school entry.

I know that you can choose to ignore their advice and do it anyway but I hope you know how detrimental that would be to the already declining (55,000) enrollment of students to the Washington state Public School System. Parents have voiced reasonable objections to the idea of mandating a drug that has (1)not had adequate long term testing, (2) a liability free product that has more risk of harm (I.e myocarditis) than potential (if any benefit) for children understanding r 12, (3) is not effective at stopping transmission at all, even among the vaccinated, and therefore, is not a true vaccine, (4) covid presents statistically zero risk to our students and lastly, (5) MOST students have already had covid and now have a far more robust natural immunity to the virus than the elderly that have been 3x vaccinated!

If you choose to add this vaccine as a requirement, many families will permanently leave our public schools and likely, many will leave the state, mine being one of them. If you can't acknowledge personal choice on these medical issues or basic science such as immunity from natural infection you will damage what little trust or confidence families have in our health institutions, and trust me...that trust is already hanging by a thread.

I hope that you make the right decision for the sake of our children and our state and honor the concerns of parents to make choices for THEIR OWN children without force or coercion.

Thank you for your time,

Washington Parent

From: Jann Werner
Sent: 3/3/2022 7:17:43 PM
To: DOH WSBOH
Cc:
Subject: I urge you to ratify the TAG's recommendation against a mandate

External Email

From: Lawren
Sent: 3/2/2022 4:56:11 PM
To: DOH WSBOH
Cc:
Subject: Please do not add Covid shot to school mandates

External Email

Please do not add Covid shot to school mandates Please accept the TAG's recommendations. Don't put this on yourself or on our kids. They are not at serious risk for Covid but are for vaccine reactions. We will pull our kids out of school. We won't comply with mandates period.

Lawren Pulse
Montesano, WA

Sent from my iPhone

From: Heather Hiebert
Sent: 3/2/2022 6:18:53 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern,

I do not support the COVID vaccine requirement for school. COVID has a 99.95% survival rate!

1. It is NOT FDA approved! It is still considered emergency use and in the experimental stage.
2. It is NOT a true vaccine. It does NOT PREVENT illness nor does it PREVENT transmission!
3. The vaccine was tested on 1000 children for two months! I am not comfortable with the lack of science and data re: long-term side effects!
4. Natural immunity does exist!! My family contracted the original COVID as well as the Delta COVID! Our symptoms were no more than a sinus cold!! We did not comply with the mask mandate and we did not not contract the HIGHLY CONTAGIOUS OMNICON!!
5. Forcing medical treatment goes against our constitutional rights! Medical treatment should be a choice and not forced!

Our family is NOT anti vaccine, we have ALL of our true vaccines. If you choose to add the COVID vaccine to school requirements, we will not comply. With our BECCA BILL in Washington state, my children will continue to attend school w/o the vaccine if it is approved! No child can be denied an education!!

Thank you for your time,
The Hiebert family
Colbert Washington

From: sylvia schaffer
Sent: 3/3/2022 4:24:37 PM
To: DOH WSBOH
Cc:
Subject: Please ratify TAG recommendation that COVID shots NOT be mandated

External Email

Dear WA BOH members

I am a Registered Nurse in WA state (and OR) and have been a Registered Nurse for 21 years. I am also a mother of seven children, five of them currently enrolled in WA schools. I am not affiliated to a political party. I state this because the political involvement in this pandemic in the United States has been inexcusable and criminal. It has caused much confusion and unnecessary fear and limited healthy information sharing and medical debate amongst health professionals and leaders.

I am grateful for the TAG recommendation to not require COVID shots and I urge each one of you to follow this recommendation. Also I would like you to consider:

1. Never have we vaccinated ourselves out of a pandemic. This vaccine offers short term immunity at best. More and more research supports the benefits and long lasting protection with natural immunity. Why is natural immunity not even discussed in your meetings? Nor are we acknowledging effective treatment methods or efficacy of Vitamin D supplementation etc. Why the focus on vaccines and disregard for so many other health promoting approaches being used with greater effect worldwide.
2. As medical professionals our primary consideration is "first do no harm". Many adults and children have been harmed by COVID vaccines and the systems have been put in place to hide these from the public. One example observed as a nurse working in hospitals is anyone who was not 14 days post 2nd Covid shot being considered "unvaccinated" in hospitals. This is the window where initial vaccine reactions occur yet people are considered unvaccinated inhibiting researchers ability to quantify vaccine reaction related admissions. There are also unprecedented numbers of VAERS reports and we know from previous studies that there is significant underreporting. Also 85% of the reports are made by health professionals so these numbers should not be disregarded. It would be illegal to make a false report. According to the CDC children have a statistically nil incidence of death due to Covid and very low hospitalization rates. Also I have observed there is no differentiation in hospitals between admissions with COVID and admissions due to COVID. The vast majority of patients I have cared for in hospitals were not sick due to COVID but rather tested positive on routine testing. I wonder if fear mongering and hospital incentives are responsible for presenting infection rates this way?
3. It is important to analyze risk vs benefit when considering any medical intervention. Why are we even considering giving our children an experimental shot that wanes within months for an illness that a. will not kill them and b. will prepare their bodies for inevitable future infections. We are not going to eradicate COVID with a vaccine. We have had vaccines for FLU since the 1940's and still deal with Flu infections every year.
4. Never in the history of medicine has a one size fits all approach been right. Human beings are complicated and our immune systems are more complicated and advanced than we understand. We cannot create a medical dictatorship, the dangers of such we saw in Germany during the 2nd World War. We do not know what is right for every person and so we have to allow individuals to make choices for themselves. Freedom of medical choice is a foundation for all freedom.

Finally, it seems a huge omission that there is no representation from doctors, nurses, scientists, or even parents on the TAG representing those with opposing views or concerns regarding these vaccines. The absence of information presented on the following topics shows strong bias in the committee and the board:

- * susceptibilities and nutritional deficiencies in hard hit populations ,
- * early treatment protocols,
- * unprecedented numbers of VAERS reports or breakthrough cases leading to hospitalization and death,
- * 99.99% full recovery rate of children,
- * 140+ studies showing the durability and superior protection of natural immunity,
- * the alarming data being revealed in the Pfizer data attained via FOIA,
- * the DOD data showing shocking rises in serious health problems, or
- *

Dr. Robert Malone, Dr. Peter McCullough, Dr. Pierre Kory, or Senator Johnson's recent Second Opinion roundtable.

Vaccines are already an option for anyone who wants one. It is completely unnecessary from a health point of view to mandate these vaccines. Please question if the only agenda being advanced by a strategy such as this would be a politically motivated one. Considering the many unknowns and risks associated with these vaccines it seems highly irresponsible to mandate their use.

Sincerely,

Sylvia Schafer RN

From: Emily Hansen
Sent: 3/3/2022 7:06:38 AM
To: DOH WSBOH
Cc:
Subject: Ratify the TAG's Recommendation AGAINST Mandatory "Covid Vaccinations"

External Email

Washington State Board of Health Members,

I urge you as one of We the People, that you do the right thing and adopt the TAG's recommendation AGAINST the mandatory push for "Covid Vaccinations."

Too many questions are left unanswered:

What is the actual percentage of children affected by any of the variants of covid-19?

If near zero as all the data suggests, why would anyone, especially children who are not at risk need to take an experimental inoculation to attend school?

When has natural immunity to a virus ever been downplayed or ignored?

Why, if I have natural immunity should I be forced, coerced, enticed, and threatened to take an experimental inoculation in order to keep my employment?

When have we ever taken a medical treatment to "protect others?"

Can you prove that states without these mandates are in a worse covid health situations than the State of Washington?

Can you prove that private institutions who do not force, enforce, coerce, entice, and/or threaten via these mandates have worse covid health conditions?

Way too many questions are left unanswered when we are told to "Just comply because I said so," "Just comply so you can live your life," etc.

Answer the questions fully, or quit peddling and meddling these mandates which make NO Sense!

Emily M. Hansen,
K-6th Music Teacher

From: Mandy Simacek
Sent: 3/2/2022 6:00:33 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

As a mother and public school teacher, I urge you to ratify TAGs recommendation to not require the Covid vaccine for school aged students. Recent data does not support it and even shows the vaccine is not very effective in stopping transmission among younger people. In my district alone, you will see a mass exodus of students from public education if it were required. In my building, the rate of transmission has been no different amongst the vaccinated vs. the unvaccinated.

Please do the right thing and make it a choice that parents can decide for their children.
Thank you for your time.

Mandy Simacek

Sent from my Verizon, Samsung Galaxy smartphone

From: Dale Amundsen
Sent: 3/4/2022 10:25:46 AM
To: DOH WSBOH
Subject: No vaccine mandates for kids



attachments\5D4A5D57B39D4B0B_image001.jpg

External Email

Get a clue!

Get off your ideological political hobby horse and DO NOT IMPOSE a vaccine mandate on children in schools.

The risk of infection and severe complications is extremely low and the benefit of the vaccine is unproven at best.

I am strongly opposed to any such requirement!

Also opposed to government agencies imposing themselves on our freedoms.

Knock it off!

Dale Amundsen
dale@chaplaindale.com <mailto:dale@chaplaindale.com>

206-724-2037

From: Erica Grende
Sent: 3/3/2022 1:33:24 PM
To: DOH WSBOH
Cc:
Subject: Ratify TAGs recommendation against a mandate please

External Email

Hello,
Please ratify the TAG's recommendation against a mandate for our daycare and K-12 students. This age range of children have robust immune systems and it has been recently acknowledged that if you have been infected with Covid you have immunity and those that had Covid since April 2020 are still showing immunity to the virus.

Please do not make it mandatory that our children take this shot in order to get an education.

Warm regards
Erica Grende

From: Rachel Huff
Sent: 3/3/2022 6:35:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please use common sense and follow the science in deciding if kids should be required to have the covid vaccine for school. The safety of the vaccine has NOT been studied long enough to require it to be mandatory. We do not know long term side affects of this vaccine. It has not even gone through all requirements in order to be determined FDA approved. Paired with the fact that the covid virus is rarely deadly and rarely causes serious illness in children. We also know the vaccine does NOT prevent the spread of the virus. Please allow parents to make decisions on their children's health.

Please also keep in mind that you are going to cause more people to pull their children from public school, if you mandate this vaccine in children. Ultimately this is going to cause the loss of more teachers and the decline of our state's educational system. For all these reasons and more, you have to say "NO" to mandates. It's common sense.

Rachel Huff
Montesano WA

From: Melissa
Sent: 2/28/2022 3:40:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am writing you in regards to the board making the decision to or not to require the covid-19 vaccine for kids in WA School. Please do not make it mandatory for all students! There is so much we do not know about the vaccine. Analysis of data on nearly all Covid vaccines show that it takes years to assess effectiveness and potential impacts. Potential impacts that are irreversible once the vaccine enters a child's body. It impacts their brain, nervous system, hormones, heart, and etc. Results are not just based upon a short period of time, but upon years of compiled data. It is not worth the risk to require kids to put this vaccine into their body. The vaccine does not stop the spread! You can get it and give it to others whether you are vaccinated or not. Those who want it for their kids have already received it or have access to it. Kids are also not dying from Covid, look at the real data!

This vaccine should not impact my child's and others right to education and whether they can attend school. If you make this a requirement, we will pull both our kids from WA schools and won't return. There will be no way we will be putting this vaccine into our children's bodies until there is more data and years of research done. You need to acknowledge immunity to the virus because most have had it and it has greater protection.

Sincerely,
Melissa Kruse
Blaine School District
Sent from my iPhone

From: Angela Cook
Sent: 2/28/2022 5:36:56 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: Farley Woodbury
Sent: 3/3/2022 11:51:38 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccination requirement

External Email

To whom it may concern,

I urge you to listen to the TAG and follow their recommendation to NOT require the Covid-19 vaccine for school and childcare settings.

This vaccine has not gone through proper trials. It also does not stop the infection or transmission of the virus which is one of the criteria for your decision.

Children are not at a high risk of severe illness from Covid-19 so there are no grounds to force this vaccination requirement.

Sincerely,

Farley Woodbury
Concerned parent

From: JASON ZAHARRIS
Sent: 3/4/2022 8:34:39 AM
To: DOH WSBOH
Cc:
Subject: ***VOTE NO ON COVID-19 VACCINE MANDATE FOR STUDENTS!!!***

External Email

There simply is not enough research and data to support such a mandate, and therefore to vote yes would be to incur UNNECESSARY RISK to anyone aged 0-19. There is more risk from the vaccine than there is from COVID-19 to children.

Thank you,
Jason Zaharris
Anacortes, WA.

From: composerelite@gmail.com
Sent: 3/4/2022 12:00:03 PM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

To whom it may concern,

Please ratify the TAG recommendations where they did NOT recommend requiring the Covid-19 vaccine be added to the schedule of immunization for school children. Most recent studies have shown they are not effective in children ages 5-11. Like the flu vaccine which always changes, it should remain off the schedule.

Thank you,
Krista Petrova

Sent from my iPhone

From: Tivona
Sent: 3/3/2022 6:29:55 AM
To: DOH WSBOH
Cc:
Subject: My body, my choice

External Email

Hello,

I respectfully urge you to ratify the TAG's recommendation against a mandate for covid-19 vaccines. The vaccine is not effective at preventing the transmission or infection of covid-19. Children and young adults are at extremely low risk of having any severe symptoms or death from the virus. The vaccine carries risk, and the vaccine companies cannot be sued. They do not stand behind the safety of their product, so the product should not be forced upon anyone. Choice is the only option in a free society.

Sincerely,

Tivona Garcia

--

Sent with Tutanota, the secure & ad-free mailbox.

From: Shirley Pho
Sent: 3/2/2022 9:05:20 PM
To: DOH WSBOH
Cc:
Subject: NO Vacinne mandates for our kids

External Email

NO vacinne mandates for our kids to attend school. Let's "follow the science and stop victimizing our children for your political gains. Covid mandates are over and we should have the freedom of choice.

From: Sean Spellacy
Sent: 3/4/2022 11:13:09 AM
To: DOH WSBOH
Cc:
Subject: Vote NO on vaccine mandates for kids...

External Email

Kids do not need the Covid vaccine. Their risk of serious Covid is equal to or less than the flu.

Covid vaccines are not like other vaccines in that they DO NOT keep one from catching or spreading the virus.

The vaccine is not approved by the FDA. It is only AUTHORIZED. This is a huge difference. The long-term testing is not there.

I would love for someone on the board to give me one legitimate reason to mandate vaccines for children...or adults for that matter.

Dems are going to get DESTROYED in the mid-terms if they don't back off the Covid narrative. It's career suicide.

Thank you.

Sean Spellacy
Sammamish, WA

From: Julie Olsen

Sent: 3/3/2022 7:20:06 AM

To: DOH WSBOH,DOH Secretary's Office,Duchin, Jeffery, MD

(DOHi),Dow.Constantine@kingcounty.gov,slevy@kingcounty.gov,coronavirus@kingcounty.gov,McDermott, Joe

(DOHi),Girmay.Zahilay@kingcounty.gov,rod.dembowski@kingcounty.gov,jeanne.kohl-

welles@kingcounty.gov,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov

Baker,hkoellen@northbendwa.gov,jzahn@bellevuewa.gov,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,TaoSheng.KwanGett@doh.wa.gov,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),Wilcox,

JT,newsdesk@973kiro.com,kddodrill@seattleradio.com,benjamin.wilfond@seattlechildrens.org,FBell@wcaap

Cc:

Subject: Good morning!

External Email

TIME TO WAKE UP!!!!

This is truly is so simple:

1. IF masks WORK (and they might), then those who CHOOSE to wear masks will be FINE. To mask or not to mask is a CHOICE that can and will only be made by the individual.
2. Mandating citizens in a (so-called) "democracy" to wear masks is the funniest part about this whole ordeal. Vaccine passports? Even funnier. The fact that anyone ever went along with it? HILARIOUS!!!!
3. You are either for democracy or not. I personally could care less which one you choose because your choice can and will never impact me or mine (I'll walk straight to into my grave for my personal freedom and choice—mark my words).

In Him,
Julie Olsen

Sent from my iPhone

From: Shannon Zander
Sent: 3/3/2022 12:12:50 PM
To: DOH WSBOH
Cc:
Subject: Please vote NO to vaccine for kids!

External Email

Hello,

The majority of children have already had covid. Natural immunity needs to be addressed. It is much more robust than vaccine induced immunity. Every time you take a booster you're shifting your immunity bias back towards the original Wuhan strain. Every time you are exposed to the variants you are shifting your immune bias towards these variants. Which provides better protection than a booster because the boosters are based on a strain of the virus that no longer exists in nature. Every time you take a booster shot you are shifting your immunity bias away from the current strains. It makes no sense to vaccinate children that have already had the virus it's shifting their immunity bias in the wrong direction.

Recently, this week, a study from New York State came out showing that the current covid vaccine does not provide any significant benefit for these children. About 12% efficacy after one month. On top of that the Pfizer documents just released this week showing over 1200 adverse reactions to these shots of which the CDC agrees that the vaccines cause changes to menstruation (fertility) and inflammation of the heart. Why would we give the children a vaccine with such adverse effects and such a little benefit. It makes no sense.

ALL risk, NO reward.

Please do not add the covid vaccine to the required list of immunizations to attend public School.

Thank you,
Shannon Zander

From: Susan Fox
Sent: 3/3/2022 6:19:29 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate

External Email

Our kids are a precious commodity! Making decisions for other peoples kids by the government is not acceptable! Parents should make these decisions whether you agree with them or not as a state health agency. The government is not in charge of our personal children and grandchildren!

The task force voted no, you need to follow there guideline and vote no. It was the right decision!

Susie Fox
Parent and grandparent

Sent from my iPhone

It appears that its ability to lower hospitalization rates in young kids is diminishing as

well. Of course, the risk of pediatric hospitalizations was already very low so lowering this risk further is a negligible benefit.

The vulnerable individuals among us have had ample opportunity to become vaccinated and the vaccine is very accessible to them. We cannot make our children shoulder the protecting them when they need to assume responsibility for that. The vaccine provides clear benefit for older age groups.

Minorities comprise the largest percentage of vaccine skeptics. Mandating this vaccine will shut them out of school, and thus limit their educational opportunities. Preventing these demographic groups from receiving an education is hypocritical at a time when lawmakers in our state are striving for more diversity, equity, and inclusion in all sectors.

Children are at higher risk of complications from influenza and that vaccine has never been mandated for school attendance. The flu shot does not prevent transmission. Neither does the COVID vaccine. This is another reason that a COVID vaccine mandate is illogical.

Many other countries do not offer the COVID vaccine to children, or only offer it to high risk children. The US is very much an anomaly in administering it to this population to begin with.

Seroprevalence studies from a few months ago show that 58-60% of children under age 12 have antibodies to COVID. I suspect that percentage is higher now. Since natural immunity is more durable than vaccine-mediated immunity, we need to acknowledge that.

With so much uncertainty in the data in children, who are at low risk for COVID complications regardless of vaccination status, it makes no sense at all to include this vaccine among those that are required for kids to attend school. At this point, we do not know how many doses children will need, including whether they need a third dose. We do not know whether those doses need to be spaced further apart, as has been suggested, to reduce the risk of adverse effects such as post-vaccine myocarditis. We are uncertain about the efficacy of this vaccine going forward. We do not know the long term effects from this vaccine. This vaccine clearly does not prevent transmission of COVID. It should be very clear that this vaccine is NOT the same as the more established, well-studied, safe, and efficacious immunizations our children already receive and thus should not be a requirement for school attendance at this time.

Parents should be the ones who choose whether to vaccinate their children. The state should not be involved in this. I can promise you that if you mandate the COVID vaccine to attend school in Washington, a huge number of students will leave the public school system. Please follow the TAG recommendation and do not mandate this vaccine for K-12 school attendance.

Thank you.

Sincerely,

Sarah Hiam

From: Angela Gilbert
Sent: 2/28/2022 5:22:46 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: 1Saorsa
Sent: 3/3/2022 9:34:45 PM
To: DOH WSBOH
Cc:
Subject: Ratify the TAG's recommendation

External Email

It is my understanding the BOH is going to vote in April whether to add this experimental mRNA injection to our children's vaccine schedule. The technical advisory group voted last week against adding it to the schedule and now "clearly" you should ratify the TAG's recommendation.....before April. Now that the TAG has concluded, I did want to address a comment made by the Washington State Chief Science officer Dr. Tao Kwan-Gett. Tao said the biggest threat to our liberty is the virus itself and the vaccine offers freedom. The truth is the virus itself has no power and the only threats to our freedom/liberties are coming from the politicians who seek to remove them with their lies about this virus. Please explain, how exactly does the vaccine offer freedom when we are being forced to take it? (BTW coercion is force). Jeffery Eiffert

Sent with ProtonMail

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

From: Cot Guy
Sent: 3/4/2022 10:39:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Board.

I request a big fat no on the addition of Covid shot to the list of required vaccines for school children.

The NY Times reported recently that the CDC has not released all of their data on Covid. Our children are not pin cushions or test subjects. Let the parents decide if they want a shot but it should not be required.

Thank You

Jose Calderon

From: Esther Christoffersen
Sent: 3/3/2022 1:39:13 PM
To: DOH WSBOH
Cc:
Subject: Please Do NOT Mandate the COVID-19 Vaccine in Schools

External Email

Dear Board Members,

As a Washington resident and mom of school-aged children, I am asking you to follow the recommendation of the Technical Advisory Group to NOT require the COVID-19 vaccines for children attending school.

I deeply appreciate your interest to keep our children safe but strongly believe that the decision to vaccinate our children against coronavirus should be a decision made by each family individually in consultation with their pediatrician. The non-sterilizing nature of these vaccines combined with the novel technology and unknown long-term safety data make this an especially nuanced decision that parents should have the right to make.

We are a state that values diversity, inclusion and equity. Please support inclusion of ALL families regardless of their decision to vaccinate their children.

Thank you for caring about health and wellness of our children as well as supporting their education.

Best,
Esther

From: travis soundbodycare.com
Sent: 3/2/2022 8:27:53 AM
To: DOH WSBOH
Cc:
Subject: Mask Requirements

External Email

Good morning. As I understand, the Washington State mask mandate will mostly end on March 12th. I am a massage therapist working in a chiropractor's office. My understanding is that we will still be required to wear mask at the office as well as require our patients wear mask. Can you please direct me to the CDC guidance that I can share with my patients that shows the CDC is recommending mask in this type of healthcare setting in a "low risk" county.

Thank you!

Travis Jackson

Sent from Mail

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for Windows

From: Patrick Seiver
Sent: 1/25/2022 4:41:06 PM
To: DOH WSOH
Cc:
Subject: SB 5217 and SB 5568

External Email

wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>
michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>
melanie.hisaw@sboh.wa.gov <mailto:melanie.hisaw@sboh.wa.gov>
christy.hoff@sboh.wa.gov <mailto:christy.hoff@sboh.wa.gov>
stuart.glasoe@sboh.wa.gov <mailto:stuart.glasoe@sboh.wa.gov>
samantha.pskowski@sboh.wa.gov <mailto:samantha.pskowski@sboh.wa.gov>
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kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov>
Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>
I'm contacting you all to express my sincere concern for these unconstitutional mandates. I vote NO on:
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040
WAC 246-100-105

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Virus-free. www.avg.com

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From: Madison Johnson
Sent: 3/4/2022 3:35:58 AM
To: DOH WSBOH
Cc:
Subject: Stop the COVID 19 Vaccine Mandate for Children

External Email

To Whom It May Concern ~

Please stop COVID Vaccine Mandates for Children - Visit America's Frontline Doctors to see that what you are doing is violation of laws and the Constitution of the United States. Do not mandate these for children to be required to attend school. The FDA has even said they are not ready to approve them for children under the age of 5. They should have never been approved for anyone. The COVID vaccines have not gone through the required trials of at least 7 years to see if there will be life altering side effects and/or death.

Be responsible with your decisions, because you could and should be held liable for your decisions when it comes to public health decisions that should be made by the parents of children and people themselves - informed consent, Nuremberg Code, Hippocratic Oath, Amendments of our Constitution were all put in place to protect WE THE PEOPLE.

Sincerely,

Mike Johnson

From: Taylor Mercer
Sent: 3/3/2022 8:54:01 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

Please vote no to require vaccination for kids to attend school. This is already been a difficult 2 years for children and this will only further divide communities. Please allow parents and health care professionals make a individual choice. If it's mandated my kids will be withdrawn from public school.

Thank you.

Taylor Mercer

Sent from my iPhone

From: conradsilvia59
Sent: 3/3/2022 7:38:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

The worst kind of coward is one that would use children as a human shield. The CDC will be found to be complicit in corruption, they knew children have vertically 0% chance of contracting covid, while giving them the covid vaccine has injured hundreds of innocent children. Masks have been proven to provide virtually no protection while harming children by doing possibly irreparable harm in development of language skills amongst other neurological damage. I hope we can take a step back to analyze the depth and scope of the implications of these measures.

Sent from my Galaxy

From: J
Sent: 2/24/2022 6:56:17 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.

Jenny Soldatenkov

From: Anya Nartker
Sent: 3/3/2022 6:25:51 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments- Covid vaccine

External Email

I am writing to ask that you do NOT vote to add the Covid vaccine to the childhood school immunization requirements. I work in public health and with staff at DOH and know the Governor has threatened that if you don't do it, he will.

Please please please listen to the people of Washington state on this and not contribute to the coercion of parents on this. Covid has caused enough barriers already for regular families. I can barely get my kids to go to school because Seattle Public Schools will not drop the mask mandate, and just hate it now. I do not want to have to take an extra trip to my doctor for the exemption which they will gladly provide. You realize many families will go this route any way, right?

Let parents decide what is best for their children, especially since there is no long term safety data on the vaccines AND there is significant risk of myocarditis and pericarditis which is under played (while Covid risk and case counts are overplayed). I know children who have had serious adverse reactions from this. One friend's 5 year old stopped breathing the evening after she got it, and the ER dismissed any possibility that this healthy child could have had a vaccine reaction. If you understand how VAERS works, you know that most deaths and AEs don't get reported because they're 'safe and effective' right? Additionally, have you tried to enter something in there? It's a long process and clinicians don't get paid to do it, so guess what? Even if they think there might be a child with a vaccine AE, they won't report it. So, we really don't know the extent of what these vaccines are doing aside from the clear signals around myo/pericarditis.

This is not like other vaccines. My kids are vaccinated with childhood vaccines, but this vaccine is a completely different technology, clinical trial process (which isn't even out of Phase III yet) and authorization process. It's still in EUA by FDA as you well know.

And regardless we all know that they are minimal effective since they were made from the Alpha strain and we are way past that at this point. So many vaccinate people have gotten and transmitted Covid. Im sure you know these people and maybe you're one of them. A healthy child does fine with Covid, and does not need to take the extra risks of this poorly tested vaccine. Their innate immune system will save them, not a pharmaceutical product making billions for the industry.

Please consider good medical ethics and the importance of parents to be parents and choose what goes into their child's body over a one sized fits all solution for all school kids across WA state. The government does not get to decide what goes into my child's body just to get an education. I do. After hours and hours of research, I have made my decision.

Please use your power to support medical freedom and choice for families across Washington.

Thanks for reading,
Anya Nartker, MPH

From: Marie Kubo
Sent: 3/4/2022 8:57:26 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements for Children

External Email

I respectfully that Covid-19 shots are not to be required for daycare children, and those aged K-12. Please be so kind as to read the below information which is legitimate and from a sound source. The lives of our children are at stake here, and I hope you will take a look at this data. Thank you for the opportunity to voice my concerns.

Marie Kubo

But in addition to these reports that are apparently being leaked to the corporate media, another story was published this week where Pfizer admitted that their COVID-19 vaccine is ineffective in children ages 5 to 11. The New York Times reported <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com> vaccine-

kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1d1aef48cad14f89983608d9fe0004e6%7C11d0
:

The coronavirus vaccine made by Pfizer-BioNTech is much less effective in preventing infection in children ages 5 to 11 years than in older adolescents or adults, according to a large new set of data collected by health officials in New York State — a finding that has deep ramifications for these children and their parents.

The Pfizer vaccine is the only Covid shot authorized for that age group in the United States.

It still prevents severe illness in the children, but offers virtually no protection against infection, even within a month after full immunization, the data, which were collected during the Omicron surge, suggest.

"It certainly weakens the argument for mandating that people get that lower dose," said Dr. Philip Krause, who recently left the FDA. (Full article

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F01%2Fvaccine-

kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1d1aef48cad14f89983608d9fe0004e6%7C11d0
.)

From: shaun@morganleigh.net
Sent: 3/3/2022 5:11:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not require the Covid vaccine for children. The vaccine is quite new, and the impact on children has been mostly similar to the common cold. Please allow parents to choose if they want to take the risk of having their children vaccinated with such a new vaccine.

Thank you,
Shaun Brown

20 North Idaho Road,

Liberty Lake, WA. 99019

From: BJay Santiago
Sent: 3/4/2022 8:49:50 AM
To: DOH WSBOH
Cc:
Subject: Letter to Board

External Email

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From: Kahler, Kelie (SBOH)
Sent: 3/1/2022 2:10:25 PM
To: DOH WSBOH
Cc:
Subject: FW: Peer review example: "Effectiveness of the BNT162b2 vaccine among children"

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From: Zana Carver <Zana@zanacarver.com>
Sent: Tuesday, March 1, 2022 12:53 PM
To: DOH Secretary's Office <DOH.Secretary@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>; 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>; Peterson, Kristin I (DOH) <Kristin.Peterson@DOH.WA.GOV>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.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>; 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>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; L G <laragabrieln@gmail.com>; Bernadette Pajer <bernadette@informedchoicewa.org>; Tina <tibusy@outlook.com>
Subject: FW: Peer review example: "Effectiveness of the BNT162b2 vaccine among children"

children”

External Email

This is how a real scientist reviews papers. Please note, there is no "conflict of interest" statement for this publication, which is highly unethical.

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for Windows

From: Robert W Malone MD, MS from Who is Robert Malone

<mailto:rwmalonemd@substack.com>

Sent: Tuesday, March 1, 2022 8:18 AM

To: Zana Carver <<mailto:Zana@zanacarver.com>>

Subject: Peer review example: "Effectiveness of the BNT162b2 vaccine among children"

Having written hundreds of requested peer reviews, I am offering my unsolicited one.

Peer review example: "Effectiveness of the BNT162b2 vaccine among children"

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Having written hundreds of requested peer reviews, I am offering my unsolicited one.

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it influences my approach to the entire paper. Let's see what we have here. My comments in italics.

Importance: There is limited evidence on the effectiveness of the BNT162b2 vaccine for children, particularly those 5-11 years and after the Omicron variant's emergence.

Nicely stated, frames the context quite well.

Objective: To estimate BNT162b2 vaccine effectiveness against COVID cases and hospitalizations among children 5-11 years and 12-17 years during December, 2021 and January, 2022.

OK, there was still some Delta circulating during that time frame, but this is likely to mostly be Omicron. Need to look and see whether the authors document the strain(s) infecting the sampled population analyzed, or are they just inferring based on broader statewide trends. Cases and hospitalizations – that basically means inpatients and outpatients.

Design: Analyses of cohorts constructed from linked statewide immunization, laboratory testing, and hospitalization databases.

Aha! This is a case cohort study, not a prospective study, let alone a randomized study. Not the pinnacle of scientific evidence. Generally useful for identifying trends. Often the best one can do in epidemiology, and often this design can be quite predictive. The main problems with case cohort studies is selection bias and unidentified/uncorrected confounding variables.

Setting/Participants: New York State children 5-17 years.

Well defined and constrained. A specific subgroup for analysis, less prone to unidentified/uncorrected confounding variables relative to a broader analysis window.

Main outcomes/measures: New laboratory-confirmed COVID-19 cases and hospitalizations.

Ok, this approach introduces some selection bias, but on the positive side it reduces confounding due to reporting bias. Need to look carefully at how they define "laboratory-confirmed".

Comparisons were made using the incidence rate ratio (IRR), comparing outcomes by vaccination status, and estimated vaccine effectiveness (VE: $1 - [1/IRR]$).

Again, well defined, appropriate, clearly stated. So far I am really liking this paper.

Results: From December 13, 2021 to January 30, 2022, among 852,384 fully-vaccinated children 12-17 years and 365,502 children 5-11 years, VE against cases declined from 66% (95% CI: 64%, 67%) to 51% (95% CI: 48%, 54%) for those 12-17 years and from 68% (95% CI: 63%, 72%) to 12% (95% CI: 6%, 16%) for those 5-11 years. During the January 24-30 week, VE for children 11 years was 11% (95%CI -3%, 23%) and for those age 12 was 67% (95% CI: 62%, 71%). VE against hospitalization declined changed from 85% (95% CI: 63%, 95%) to 73% (95% CI: 53%, 87%) for children 12-17 years, and from 100% (95% CI: -189%, 100%) to 48% (95% CI: -12%, 75%) for those 5-11 years. Among children newly fully-vaccinated December 13, 2021 to January 2, 2022, VE against cases within two weeks of full vaccination for children 12-17 years was 76% (95% CI: 71%, 81%) and by 28-34 days it was 56% (95% CI: 43%, 63%). For children 5-11, VE against cases declined from 65% (95% CI: 62%, 68%) to 12% (95% CI: 8%, 16%) by 28-34 days.

Very nicely stated. CI = confidence interval, which is the statistical range (in this case they have used 95%) surrounding the calculated vaccine effectiveness value.

Conclusions and Relevance: In the Omicron era, the effectiveness against cases of BNT162b2 declined rapidly for children, particularly those 5-11 years. However, vaccination of children 5-11 years was protective against severe disease and is recommended. These results highlight the potential need to study alternative vaccine dosing for children and the continued importance layered protections, including mask wearing, to prevent infection and transmission.

I have problems with this. The first sentence is the conclusion. The rest is editorial and not supported based on the preceding sections of the abstract. The results say nothing about mask wearing to prevent infection and transmission in this cohort. How does this study assess disease severity? A disease severity endpoint was certainly not included in the experimental design as outlined above. Why are these authors stating an opinion about public health recommendations? This is neither justified nor supported. This "Relevance" statement is basically yet more propaganda which the authors appear to have inserted because academic journal editors require this type of genuflection to the approved narrative. If I were the reviewer, I would call BS on this.

At this point, I have lost confidence in the objectivity of the article and the authors, who have clearly demonstrated a lack of objectivity. They have written the relevance section in a way that demonstrates that they have an agenda. Now let's look at the authors, their affiliation, and potential conflicts of interest.

Vajeera Dorabawila, PhD, Dina Hoefler, PhD, Ursula E. Bauer, PhD, Mary T. Bassett, MD, Emily Lutterloh, MD, Eli S. Rosenberg, PhD

New York State Department of Health, Albany, New York

University at Albany School of Public Health, State University of New York, Rensselaer,
New York

No conflict of interest statement. In the world of modern academic manuscript submissions, this is absolutely not acceptable. First big red flag, particularly in light of the clear bias demonstrated in the "relevance" section.

At this point, I am rapidly losing confidence in the integrity of this manuscript. They are basically PhD and MD public health bureaucrat/officers of the State of New York. The absence of a conflict of interest statement is particularly notable. Usually the first and last authors are the most important. So now I turn to PubMed

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and look up the publication record of these two.

Vajeera Dorabawila

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, PhD. Eight prior cited publications. No prior first author. Second red flag. Prior MMWR (ergo CDC non-peer reviewed) publication. This person is not a thought leader, and is very much a part of the standard public health bureaucracy. COVID-19 has been the main focus of her “academic” manuscript work product. Little to no prior experience.

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, PhD. 150 manuscripts cited on PubMed. Checking on Google Scholar

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Bingo. This is the big gun behind this manuscript. Title: Deputy Director for Science, Office of Public Health, New York State Department of Health as well as Associate Professor, Epidemiology & Biostatistics at University of Albany. Trained at Emory. Emory public health is basically a satellite of the CDC, or the other way around, depending on how you look at it. Here is his webpage

<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mq1.substack.com%2Fc%2F

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IJK&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C659e07c2d0fe49999ffc08d9fbd04860%7C11d0e21

. So, from this I conclude that the leadership here is well trained, experienced, but very much bought into the CDC narrative. Which we now know is basically propaganda

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mq1.substack.com%2Fc%2>

0JX_5HBA-53zYZV6JnamjY0GbcF8jEmFm24q5C94qI42ujWHeciOd6VIYuyEjThCiZcvWx-

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7C23dAVuhGCv|JaVW4vHwKEWfNOqn1ozogxp8urZPM=

OSw41v8PWICN1w&data=04%7C01%7CWSBOH%40SBOH WA GOV%7C659e07c2d0fe49999ffc08d9fhd048

grounded in scientific fraud (in my opinion). So, there is that. Good to know.

With that background and context in mind, let's dive into the body of the paper, looking for whether or not those "red flags" and other concerns have merit.

First question – are there aspects of the experimental design not clearly covered in the abstract?

Well, yes. Now we get to the bottom of what is actually being compared here. This was not well described in the abstract. Vaccine effectiveness comparisons between the 12-17 year old cohort (dosed with 30 micrograms of the EUA Pfizer/BioNTech product- the standard adult dose) x2 relative to the 5- 11 cohort who are dosed with EUA Pfizer/BioNTech product at 10 micrograms (1/3 of the adult dose) x2. So, these children have not received a third shot. Only “fully vaccinated” children (defined as status post 2 doses + 14 days) were analyzed.

If we look at the reported data analyses (see Table 1), what immediately first jumps out to me is that we do not have the usual summary table of enrollment characteristics. This is not consistent with accepted practice when reporting a clinical study – particularly a retrospective study like this. The consequence is that the reader has no idea about potential imbalances in enrollment between the groups other than that which can be inferred from Table 1. This would be reason enough for me to reject this paper at this point, or at a minimum to require a major revision. This deficiency might be more

allowable if we did not have the highly experienced last author. But Dr. Rosenberg knows better. A third red flag. At this point, I would probably apply the three strikes rule. This is looking more and more like propaganda and less and less like a rigorous study.

What we can see in Table one is a major imbalance in enrollment between vaccinated and unvaccinated children. This is yet another warning sign of potential selection bias. Fourth red flag. There are likely to be socioeconomic differences between these two groups. At this point, I am increasingly thinking that this report should be pulled from the pre-print server. It fails to meet even minimal standards.

Furthermore, this study is not from a single database, but rather aggregated data from three databases. Aggregating data from multiple databases often can lead to analysis artifacts. This raises another question – what is the balance between the two analysis groups in these various databases?

Note that this study is limited to analysis of children newly fully-vaccinated in the 3 weeks from December 13, 2021 to January 2, 2022. Another form of selection bias. The title and conclusion is therefore misleading. This is not a study of “Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant” but rather it is a grossly imbalanced study lacking matching between cohorts of Effectiveness of the BNT162b2 vaccine among recently fully vaccinated children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant.

Figure 2 is not adequately labeled and the figure legend is inadequate. Figures should have legends which stand alone and completely describe what is being shown.

Second question – Are there any data concerning masking in this cohort of children?

To be blunt, no. Any comments regarding mask use or lack thereof are irrelevant and unsupported, and have no place in this manuscript.

Third question- Does this study discriminate between whether the children were infected with Omicron or Delta?

Again, no, not at all. Another major flaw. The title of the manuscript is technically acceptable, despite this flaw, as it states “after the Emergence of the Omicron Variant”, but it is somewhat misleading.

Fourth question- Are there data allowing comparisons which would support conclusions concerning severe disease?

In my opinion, the conclusions regarding relative vaccine effectiveness for severe disease are preliminary estimates at best. The study results are highly likely to be biased by confounding between the vaccinated groups. Lack of any table summarizing the two groups further compounds this concern. At this point, as a reviewer I would strongly recommend rejection of this manuscript.

Finally, this last conclusion statement is pure editorial opinion/propaganda. This conclusion is not supported by the data.

“Given rapid loss of protection against infections, these results highlight the continued importance of layered protections, including mask wearing, for children to prevent infection

and transmission.”

Once again, in my professional opinion, there is no justification for mandated use of this product for children, and no justification for use at all in health children.

Which illustrates another key point. Why are we relying on reporters to interpret scientific articles? They lack the necessary training and expertise. The lay press, including "The Hill", have clearly been the primary purveyors and amplifiers of mis- and disinformation throughout this outbreak. They "journalists" are often of the modern advocacy journalism school (that means propagandists in plain speak), and are not even journalists in the old school ("fair and balanced") sense, and definitely are not scientists or physicians.

And stop trying to spin that which they do not even comprehend.

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Thanks for subscribing to Who is Robert Malone

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Virginia

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From: Kirk Neumann
Sent: 3/3/2022 5:22:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom It May Concern,

Please do not add the Covid vaccine to the list of immunizations that children must have in order to attend childcare or school.

Thank you for your consideration.

Kirk Neumann
1513 E. Heritage Lane
Spokane, WA 99208

From: Keith Lane
Sent: 3/4/2022 10:50:02 AM
To: 'wsboh@sboh.wa.gov'
Cc:
Subject: No Covid Mandates for Children

External Email

Dear Mr. Pendergrass and deciding WA Board of Health members,

Please do not mandate Covid shots for children. Kids risk of dying from Covid is essentially zero. The Covid shot is more harm than Benefit for children. If mandated you are guaranteed to harm Children.

The toxic spike protein from the Covid shot can stay in the blood for over 60 days. It has been found to go to bone marrow and Ovaries in large amounts, plus the brain, heart and many other organs.

The long term impacts are not known and the short term impacts have already been shown to be deadly and debilitating. Just say, "No" to Covid shot mandates for kids. Parents should have the right to choose.

Thank you,

Keith Lane

From: Darleen Christopher
Sent: 3/4/2022 9:32:48 AM
To: DOH WSBOH
Cc:
Subject: Photo from Twitter



attachments\A216454D3F7546E7_Image-1.png

External Email

Sent from my iPhone

From: Debra Graham
Sent: 2/28/2022 6:10:01 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: Kayleen Westford
Sent: 3/4/2022 11:01:21 AM
To: DOH WSBOH
Cc:
Subject: Letter regarding vaccine requirement



attachments\0E65D6245B26486D_20220304_105220.jpg

External Email

Good morning! To the WA state Board of Health:
Please find my letter attached for consideration regarding the covid-19 vaccine school requirement.
Thank you.
Sincerely,
Kayleen Westford

From: Scott Harter
Sent: 3/3/2022 9:39:03 AM
To: DOH WSBOH
Cc:
Subject: No to Covid 19 Vaccination Requirment

External Email

Hello,

It is my understanding that the appointed Technical Advisory Group has voted NOT to recommend the COVID-19 for K-12 students in WA state. Please, follow their hard work, dedication and complete review by also voting to NOT require this vaccine in our school age children. To vote against the TAG team's hard work and expertise would be of bad FAITH and would simply make our children's bodies a war field of politics.

Thank you,
Scott Harter
Peninsula School District -Parent

From: Melanie Danuser

Sent: 3/4/2022 10:25:50 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), kwangett@uw.edu, DOH OS PHIP, DOH PCH OI School Information, Kcranfield, londeck@nasn.org, Calder, Allegra (DOHi)

Cc:

Subject: Feedback for March 9th Meeting

External Email

Good morning,

This email is to provide pointed feedback on the consideration of requiring the COVID-19 vaccination for school entry in WA state. I am a parent of a kindergartner and first grader in the state and appreciate you reading this honest message.

As I and many others have expressed before, including the TAG and DOH itself, there is not enough data and the data continues to evolve, to make an informed decision about the efficacy and safety of these products. The TAG itself can be quoted that any decision will be made on uncertainty. If there is any such uncertainty that involves the health and well being and future of our children, there should not be a requirement made. Leave the decisions to families to decide if they are willing to take the risk of these products for their children. There simply is not enough data to justify requiring this product. The risk to children remains extremely low from COVID and these products (as acknowledged by their own manufacturers and creators) DO NOT STOP or REDUCE the transmission of the virus and data is mounting that their protection against serious disease has been grossly overestimated and quickly wanes.

I implore you to use common sense and to be pragmatic about this decision. It carries entirely too much weight for the health of our children and the future of the school system itself in WA state to be based on limited, politically biased, ever changing information. Again, as a parent of two children in WA state who are enjoying and flourishing in our schools, please do not require this unproven product for them and thousands of other children in order to continue to benefit from the public school experience.

Here are some links to information to support that there is not enough data to necessitate or justify requiring these products for any person, let alone our children.

CDC is withholding key data on the products:

<https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fcdc-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fcdc-data.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11)

[data.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fcdc-data.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11)

Data has been released by Pfizer exposing over 1000 deaths at the time of release (over a year ago, so one can extrapolate what the number would be after pushing these products to the population over the past year) <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11)

[experience.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd0b88d30bf884ec14c2008d9fe0c6006%7C11)

On March 2, 2022 the CDC released data that over 60% of children under the age of 17 have had COVID and also the CDC has confirmed the strength of natural immunity.

Study finds that vaccine goes into liver cells and is converted into DNA:

<https://www.mdpi.com/1467-3045/44/3/73/htm>

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From: Kata Dean
Sent: 3/3/2022 5:07:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Members of the Board,

A recent study in New York State tracking vaccine effectiveness in 365,502 5-11 year olds fully vaccinated found that the efficacy dropped to 12% verses non-vaccinated children of the same age group.

According to the World Heath Organization a vaccine needs to have above 50% effective rate.

The data just doesn't support mandating the Covid-19 vaccine. Especially because there is no long term safety data.

How can you justify mandating a vaccine that does not prevent infection or spread?

Kata Dean

From: Marie Brumley
Sent: 3/4/2022 10:29:19 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement



attachments\50921D106017455B_5.3.6-postmarketing-experience.pdf

External Email

To whom it may concern:

My name is Marie Brumley. I have two children in skagit county school district. Requiring a dangerous and experimental shot (as this is not a vaccine) is the perfect example of government over reach. You do not have the authority to to require such a thing. I will be attaching 38 pages released by pfizer stating the side effects. These are the side effects that they are studying at most right now. They have 100's more that they have not released as of yet. To require such a thing for children is both wrong and illegal. This goes against both our Constitutional rights and the Nuremberg code.

Marie Brumley
360-708-4981

From: Brad Loosveldt
Sent: 3/1/2022 6:31:08 AM
To: DOH WSBOH
Cc:
Subject: No Covid vaccine for school kids

External Email

To all on the Washington State Board of Health,
Please listen to the recommendation of your advisory board and DO NOT add the experimental procedure which are the Covid vaccines part of required vaccines to attend school. If you really care about our kids health you won't subject them to this vaccine because we don't have any long-term studies on children regarding this vaccine. And honestly it's not a vaccine when many adults have gotten and continue to get Covid after having this inoculation. Children without obesity and/or diabetes are rarely affected with Covid. Their robust immune systems dealt very efficiently with this virus but without long-term studies of 5-10 years we don't know how our Children's' immune systems, hearts, fertility and neurological health will be affected.

Some parents say oh this "vaccine" would be great- it'll protect my child with a medical condition. But based on what we know about adults it WON'T. My son was 6 when he had synovial cell sarcoma. I didn't expect the whole school to close or all to mask up so he could attend school with low counts. It doesn't make sense then or now.

Please PROTECT our children and don't continue to politicize them. Vote against adding this experimental drug to required vaccines for school. I hope God blesses you all especially to do right.

Sincerely,
Sylvia Loosveldt

Sent from my iPhone

From: Tim Caldwell
Sent: 3/4/2022 10:24:48 AM
To: DOH WSBOH
Cc:
Subject: Quarantine Guidelines for Local Puyallup School District and Washington Interscholastic Athle



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attachments\A3B3EE106BB84486_TAG--FINAL_DOH Presentation Transmission.pdf



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attachments\1FF2EE76C1D14284_The High Cost of Disparaging Natu_PRDTOOL_NAMETOOLONG.pdf

External Email

Dear State Board of Health,

I am writing to you since when I speak to my local school board or the Washington Office of Superintendent of Public Instruction, I am told you are the body that makes these quarantine guidelines. Everyone in responsibility points the finger at someone else.

I have attached Chris Reykdal's threatening letter to School Districts dated July 7, 2021, where he states that there were 27.8% of children 0-17 years old with antibodies. "From national antibody studies, we know that children do get COVID-19 infection, even if they have had less symptoms. National seroprevalence data show that children (age 0-17) have the highest level of antibodies of any age group (27.8%)." I next bring your attention to the WSJ article attached about the high cost of disparaging natural immunity which has been settled science for over 100 years, but for those of you on this board and Jay Inslee that says you follow science it appears you only follow science that supports your objectives and political leanings.

Next, I refer you to the Technical Advisory Group Presentation from February 10, 2022, where it is clearly stated in slide 6 that there is no meaningful difference in the level of viral load of persistence of the virus between vaccinated and unvaccinated participants.

Findings: 1. Found 113 acute COVID-19 infections due to 3 variants 2. No meaningful difference among variants in: the level of viral load o 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

Please see the Quarantine Guidelines for Puyallup School District and the separate and unequal quarantine guidelines for vaccinated and unvaccinated students. If this is not the best example of unequal treatment under the law, then I do not know what is. Also attached are the full K-12 Schools guidelines from the Washington Interscholastic Athletics Association.

I am trying to understand how you as a board that says you follow science and make policy for things that impact all of Washington have not been following science for two years. Natural Immunity has been settled science for over 100 years and herd immunity always is a combination of natural immunity and vaccinated immunity. Everyone in my family has had Covid as I am in a critical infrastructure job and have continued to move cargo and supply chain products for the entire Pandemic. I have gone to work everyday while many in our country sit in their houses paralyzed by fear from a medical community and mainstream media that refuses to follow science or courses of action that were less disruptive to our Country. Your actions have made myself and many others lose faith in medical professionals, and I no longer believe what you say without talking to trusted professionals that I know to have integrity many of which are retired military doctors or Doctors without Borders alumni. The danger of failing to follow science is if something really comes that has a high mortality rate no one is going to believe you in the future.

The Quarantine guidelines need to be updated or removed and if they are in place at all need to be the same for vaccinated and unvaccinated school children. The damage you have done to our national health is almost immeasurable and the damage you have done and continue to do to our children is reprehensible. If the guidelines are not updated or removed by the March 11th, 2022, mask guideline change there are other legal remedies that can be pursued by parents. The lack of science and common sense in your performance of duties over the last two years validates the idea that there is a huge number of authoritarians hiding within government bureaucracy. No one wants to be accountable, and no one wants to take responsibility for their actions and the harm that they have done to our State.

My two daughters will never get back all that they have lost in memories and once in a life experience due to your actions. Other's children are to impacted by your bad policies they may never recover and that is on this Board of Health.

Everyone on this board needs to do better and will have a long road back to restoring public confidence in the State Board of Health and medical profession in general. The new studies and information coming out about the MRNA vaccine and studies out of Sweden and Israel may destroy confidence in the medical profession for decades to come. The idea that Natural Immunity was completely ignored in the United States and used to take away people's livelihoods is an injustice that can never be undone. All Members of the State Board of Health share responsibility with Jay Inslee that made policy to take away people's livelihoods and to not recognize natural immunity which is being done in many countries around the world. Why you would push an experimental vaccine on kids that have an increased risk for those that take it after having natural immunity is beyond my comprehension and I can only assume it is all about money and power over others. The fact the CDC has held back relevant data and the NIH was

involved with funding the lab the virus originated from is the ultimate example of corruption in our government. Over time the truth will come out as parsing language to perpetrate lies always falls apart in the end, but your actions will be remembered for decades to come just as they were by the so-called doctors that perpetrated the Tuskegee study.

Sincerely,

Tim Caldwell

QUARANTINE AND ISOLATION AT-A-GLANCE

Effective Jan. 7, 2022, the WA State DOH updated [K-12 COVID-19 Requirements](#) shortening the quarantine and isolation timeframes resulting in a quicker return to school following a positive test or exposure. This at-a-glance guide is to provide you with the latest information based on your individual situation.

SYMPTOMATIC (Experiencing Symptoms)

FULLY VACCINATED*

Exposed **Positive Test:** Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10
Negative Test: May return to school with test results
No Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs w/ no meds, mask for all activities through day 10

Not Exposed **Positive Test:** Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10
Negative Test: Return to school with lab-verified test as long as symptoms improve, fever-free for 24 hrs with no meds, mask for all activities through day 10
No Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10

NOT FULLY VACCINATED OR NOT VACCINATED*

Positive Test on Day 5 or after: Isolate for 5 days, return on day 6, as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10
Negative Test on Day 5 or after: Return with test as long as symptoms improve, fever-free for 24 hrs with no meds, mask for all activities through day 10
No Test: Stay home for 14 days since last exposure. May return on day 15 with no test as long as no symptoms persist.

Positive Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hours, no meds, mask for all activities through day 10
Negative Test: Return to school with lab-verified test as long as symptoms improve, fever-free for 24 hrs with no meds, mask for all activities through day 10
No Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10

ASYMPTOMATIC (No Symptoms)

Exposed in School Cleared for school as long as no symptoms; monitor self and mask for all activities through day 10. Recommend to test day 5-7 post exposure.
Positive Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10
Negative Test/No Test: Cleared for school as long as no symptoms; monitor self and mask for all activities through day 10

Exposed outside School* Cleared for school as long as no symptoms; monitor self and mask for all activities through day 10. Recommended to test day 5-7 post exposure.
Positive Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10.
Negative Test/No Test: Cleared for school as long as no symptoms; monitor self and mask for all activities through day 10.

***unable to isolate from positive person (Ex. Family exposure)** Cleared for school as long as no symptoms, monitor self and wear mask through day 10. Recommend to test day 5-7 post exposure.
Positive Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, mask for all activities through day 10.
Negative Test/No Test: Cleared for school as long as no symptoms; monitor self and wear mask for all activities through day 10.

Quarantine is necessary. There are 3 options:

1. **Test-to-Stay:** Modified 5-day Quarantine, only available for students exposed in school.
2. 5-day quarantine, return on day 6 with negative test (test on day 5 or after). Mask for all activities through day 10.
3. 10-day quarantine, return on day 11. No test required unless symptoms develop.

Quarantine is necessary. There are 2 options:

1. 5-day quarantine, return on day 6 with negative test (test on day 5 or after). Mask for all activities through day 10.
2. 10-day quarantine, return on day 11. No test required unless symptoms develop.

Positive Test: Isolate for 5 days, return on day 6 as long as symptoms improve or resolve, fever-free for 24 hrs with no meds, Mask for all activities through day 10.
Negative Test: No school for 15 days. Get tested on day 15 (post exposure), may return on day 16 with a negative test.
No Test: No school for 20 days, may return on day 21.

***Vaccination Definition:** Staff who have not received a booster shot 6 months past 2nd dose are not fully vaccinated.

- Ages 5-17 yrs: Have completed the primary series of COVID-19 vaccines, 2 weeks past 2nd dose.
- Ages 18 up: Have received all recommended vaccine doses, including boosters (2 weeks past dose).
- Anyone who has had confirmed COVID-19 within the last 90-days.

Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

k12.wa.us



Washington Office of Superintendent of
PUBLIC INSTRUCTION
Chris Reykdal, Superintendent

July 29, 2021

Good afternoon, School Directors and Superintendents:

This message provides additional details following the Governor's remarks yesterday about the extension of mask requirements in our school facilities. The Department of Health (DOH) has updated more than just the masking sections of their guidance for schools. The link is provided [here](#) once again, and I strongly encourage you to read about all the changes. In some cases, more flexibility is being offered such as physical distancing, symptom monitoring, and other cleaning and disinfecting protocols.

I hope the following messages are very clear and shareable with your communities:

1. The Delta variant is highly transmissible, and a growing number of young people are getting infected with and spreading the virus. Based on a DOH review of the literature:

"From national antibody studies, we know that children do get COVID-19 infection, even if they have had less symptoms. National seroprevalence data show that children (age 0-17) have the highest level of antibodies of any age group (27.8%)."

"Young people have been infected and are spreading this virus, especially Delta, even though they appear less symptomatic. Because they are less symptomatic, they are less likely to be tested and less likely to embrace mitigation strategies in their public interactions."

2. Wearing masks, for now, is an important mitigation strategy when layered with additional strategies, including vaccinating every eligible person.
3. The ongoing mask order continues to apply to public schools, charter schools, private schools, and tribal compact schools.
4. Under the authority of [RCW 43.06.220](#), the Governor has broad emergency powers, and they have the power of law! As state Superintendent, I have a responsibility to carry out

5. the law, and I intend to do so, regardless of how I might personally feel about masks, or any other requirement placed upon this system at this time.
6. By constitutional authority and [RCW 28A.300.040](#), one of the state Superintendent's clear powers is, "supervision over all matters pertaining to the public schools of the state." Apportionment amounts and timing are shaped by additional law, but let me be clear: Boards or districts that intentionally disobey, dismiss, or shun an explicit law, including a Governor's executive order, which has the power of law, will see an immediate halt to their basic education apportionment, and their federal funds that come through OSPI.
7. Any district that does not offer a full-time, in-person learning experience for each and every family and student that seeks it will be considered in violation of basic education rights of families, and will also have their apportionment and federal funds immediately halted.
8. **These critical public health actions, including masking for now, are not at the discretion of local boards or local superintendents.**

Local community members will always have the right to bring their grievances to their elected leaders, but in the case of these public health measures, they are not local decisions. Local boards of directors have broad discretion on the details of instructional delivery. They are not empowered, however, to override the legal authority of public health officers or the Governor in times of a public health emergency.

Community actions that result in board actions that violate the law, including executive orders, will jeopardize school budgets, local school personnel, and ultimately the opening of school to in-person learning this fall and beyond.

Individuals who violate the mask orders, or other layered mitigation strategies, not only carry individual legal risks, but they also risk cases and outbreaks in school that will warrant quarantines, school building closures, and disruptions in high-quality in-person learning.

You are leading education in a time where misinformation is highly pervasive. Leadership that is focused on genuine data and the common good is essential right now! Thank you for facing this directly and leading for student success.

Sincerely,



Chris Reykdal
Superintendent of
Public Instruction

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<https://www.wsj.com/articles/the-high-cost-of-disparaging-natural-immunity-to-covid-vaccine-mandates-protests-fire-rehire-employment-11643214336>

OPINION | COMMENTARY

The High Cost of Disparaging Natural Immunity to Covid

Vaccines were wasted on those who didn't need them, and people who posed no risk lost jobs.

By Marty Makary

Jan. 26, 2022 11:52 am ET



Demonstrators hold signs during an anti-vaccine-mandate rally at the Lincoln Memorial in Washington, Jan. 23.

PHOTO: ERIC LEE/BLOOMBERG NEWS

Public-health officials ruined many lives by insisting that workers with natural immunity to Covid-19 be fired if they weren't fully vaccinated. But after two years of accruing data, the superiority of natural immunity over vaccinated immunity is clear. By firing staff with natural immunity, employers got rid of those *least* likely to infect others. It's time to reinstate those employees with an apology.

For most of last year, many of us called for the Centers for Disease Control and Prevention to release its data on reinfection rates, but the agency refused. Finally last week, the CDC released data from New York and California, 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.

 OPINION: POTOMAC WATCH

Are Free Tests & Booster Shots Biden's Covid Answer?



00:00

1x



SUBSCRIBE



Yet the CDC spun the report to fit its narrative, bannerizing the conclusion “vaccination remains the safest strategy.” It based this conclusion on the finding that hybrid immunity—the combination of prior infection and vaccination—was associated with a slightly lower risk of testing positive for Covid. But those with hybrid immunity had a similar low rate of hospitalization (3 per 10,000) to those with natural immunity alone. In other words, vaccinating people who had already had Covid didn’t significantly reduce the risk of hospitalization.

Similarly, the National Institutes of Health repeatedly has dismissed natural immunity by arguing that its duration is unknown—then failing to conduct studies to answer the question. Because of the NIH’s inaction, my Johns Hopkins colleagues and I conducted the study. We found that among 295 unvaccinated people who previously had Covid, antibodies were present in 99% 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. Meanwhile, the effectiveness of the two-dose Moderna vaccine against infection (not severe disease) declines to 61% against Delta and 16% against Omicron at six months, according to a recent Kaiser Southern California [study](#). In general, [Pfizer’s](#) Covid vaccines have been less effective than Moderna’s.

The CDC study and ours confirm what more than 100 other studies on natural immunity have found: The immune system works. The [largest of these studies](#), from Israel, found that natural immunity was 27 times as effective as vaccinated immunity in preventing symptomatic illness.

None of this should surprise us. For years, studies have shown that infection with the other coronaviruses that cause severe illness, SARS and MERS, confers lasting immunity.

In a study published in May 2020, Covid-recovered monkeys that were rechallenged with the virus didn't get sick.

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. Many, including Rochelle Walensky, now the CDC's director, signed the John Snow memorandum in October 2020, which declared that "there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection."

Many clinicians who talk to other physicians nationwide had 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. Meanwhile, public-health officials recklessly destroyed the careers of everyday Americans, rallying to fire pilots, truck drivers and others in the supply-chain workforce who didn't get vaccinated. And in the early months of the vaccine rollout, when supplies were limited, we could have saved many more lives by giving priority to those who didn't have recorded natural immunity.

The failure to recognize the data on natural immunity is hurting U.S. hospitals, especially in rural areas. MultiCare, a hospital system in Washington state, fired 55 staff members on Oct. 18 for being out of compliance with Gov. Jay Inslee's vaccine mandate—and that was in addition to an undisclosed number of staffers who quit ahead of the vaccination deadline. The loss of workers contributed to a full-blown staffing crisis.

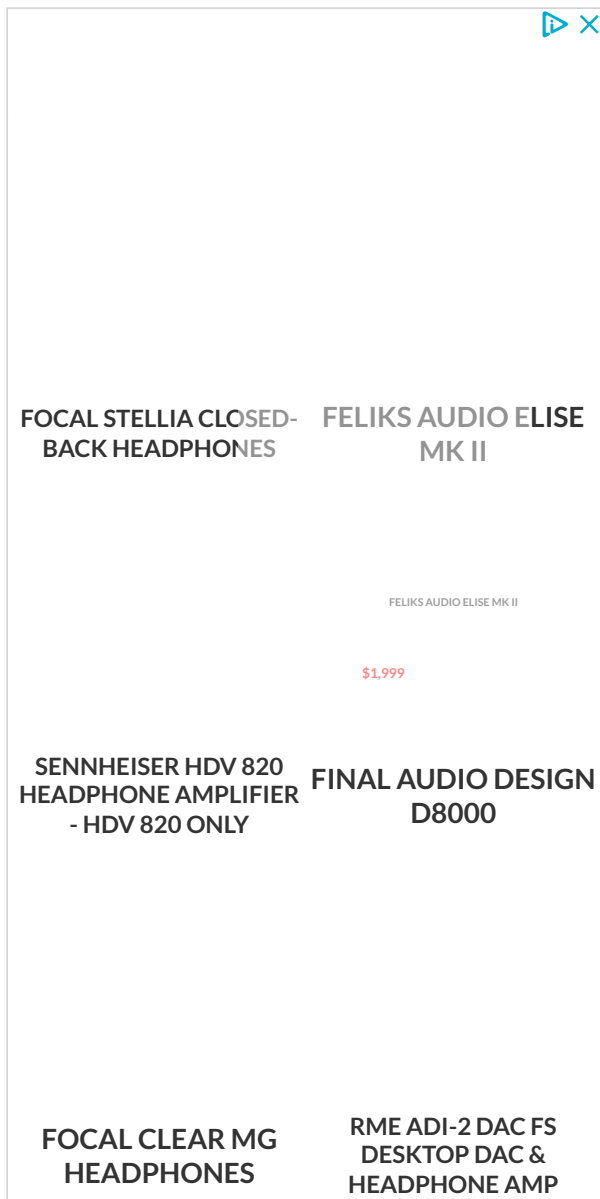
It got so bad that the hospital summoned staff who were Covid-positive to return to work even if they were sick, according to an internal memo obtained by Jason Rantz of KTTH radio. The memo stated that "positive staff with mild to moderate illness" could work, so long as they wear appropriate personal protective equipment, don't take breaks with others, and agree to stay home "if symptoms worsen." Managers were recommended to assign Covid-positive staff to Covid-positive patients and vaccinated patients, but not immunosuppressed patients.

The Centers for Medicare and Medicaid Services took the hospital mandate national by decreeing that all medical facilities under its jurisdiction require vaccination for employees, including those with natural immunity. The Supreme Court upheld the rule on Jan. 13, the same day it issued a stay against a similar mandate from the Occupational Safety and Health Administration, which OSHA formally withdrew Tuesday.

Connecticut has suspended its vaccine mandate for state employees, and Starbucks is rehiring employees fired for being unvaccinated. Other states and businesses should follow their lead. Politicians and public-health officials owe an apology to Americans who lost their jobs on the false premises that only unvaccinated people could spread the virus and only vaccination could prevent its spread. Soldiers who have been dishonorably discharged should be restored their rank. Teachers, first responders, and others who have been denied their livelihood should be reinstated. Everyone is essential.

Dr. Makary is a professor at the Johns Hopkins School of Medicine and author of “The Price We Pay: What Broke American Health Care and How to Fix It.”

Appeared in the January 27, 2022, print edition as “The High Cost of Disparaging Natural Immunity.”



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From: Testify Online Survey
Sent: 3/4/2022 11:01:59 AM
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:

Vaccine Requirement

3.

Your Name:

Colleen Wise

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4304 114th Ave E, Edgewood, WA 98372

7.

Email:

Colleenwise2015@gmail.com

8.

Phone Number (Include Area Code):

2532972950

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

vaccine requireqment

11.

Are you Pro or Con on the proposal?

2. Con

There are many studies out that show this vaccine is not needed for children therefore should not be required to attends school.

From: Julianna Medina
Sent: 3/3/2022 10:25:59 PM
To: DOH WSBOH
Cc:
Subject: March 9th Public Meeting

External Email

Good Evening,

Please transmit this submission for commentary for the upcoming March 9th meeting. It has come to my attention that vaccination for immunization criteria for school entry and childcare is being discussed. I respectfully ask that on behalf of our children no immunization criteria will be added regarding the COVID-19 vaccine. Parents should be allowed to assess the risk versus benefit of the vaccine for their individual child and make an informed medical decision. Data from the CDC shows that children are among the lowest risk category for developing serious complications from COVID-19. Moreover, the vaccine does not prevent children from acquiring or transmitting COVID-19. Any parent who feels their child is at higher risk for complications from COVID-19 should discuss the vaccine with their doctor and they can choose to administer the vaccine to their child if they deem it in the child's best interest. It is not the role or the right of the board to put an undue burden on families by adding the COVID-19 vaccine to required immunizations for school and childcare. It impedes the ability of parents to make medical decisions on behalf of their child and is incongruent with available data showing how low risk children are regarding COVID-19. Please do what is right for our children and leave this decision to parents and their pediatricians.

Sincerely,
Julianna Medina

From: Jill S
Sent: 3/2/2022 4:20:20 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 shots and our children

External Email

Good afternoon,

This email is to request that you please ratify the Technical Advisory Groups recommendation against requiring the COVID-19 shots for daycare and K-12 students here in Washington state.

As you well know, the survival rate for children who are infected with COVID-19 is over 99%, and since these shots don't prevent transmission, or infection, there is no solid reason to subject our children to the unknown side effects of these immune therapies.

Thank you for your time,

Jill

From: Chandler Bailey
Sent: 3/2/2022 8:33:03 AM
To: DOH WSBOH
Cc:
Subject: BoH Hearing 03/09/2022, Public Comment

External Email

I watched all 3 of the TAG meetings. Comments heard numerous times from every presenter were "we don't know" and "there is limited information". One presentation slide correctly pointed out what we know about Covid and the shots - "Unknown Future and Unknown Outcomes". That slide, all by itself, answers the question of whether or not a requirement to receive the shots to attend school in Washington is reasonable - it is not.

If the Board of Health is going to require these shots for a million children, other people's children, they need to be damn sure it's the right thing to do. I would not accept such advice from my doctor based on "I don't know" and the Board of Health should be held to an even higher standard. "We don't know" will not cut it. In my opinion, requiring these shots for a million school age children based on "we don't know" would be medical malpractice.

Chan Bailey
PO Box 307
Colbert, WA 99005

From: richardmforde@aol.com
Sent: 3/4/2022 11:30:50 AM
To: DOH WSBOH
Cc:
Subject: Letter to Board of Health on Mandates for Ages 5-11

External Email

Dr. Robert W. Malone analyzed and peer-reviewed Pfizer data that showed a lack of effectiveness with the Covid vaccine for ages 5 to 11. The data does not support the vaccine effectiveness with omicron. This is the wrong vaccine for the wrong virus. Because the virus has changed, the data presented at the TAG (Technical Advisory Group) is obsolete, inadequate, and with omicron is even less effective than before.

The efficacy data that was presented by the TAG used a statistical trick to fool the people into thinking it is more effective than it actually is, with the "90% relative risk". This is not absolute risk that gives the actual context of effectiveness.

The vaccine does not prevent transmission, has a large adverse event profile, does not prevent disease and death. The vaccines were designed to combat a strain of virus before delta and omicron.

Two million children must be jabbed to prevent one ICU admission for children under 18. For ages 5-11 there must be four million jabs to prevent one ICU admission.

Children do not need the vaccine because they are not at risk for Covid. Children have a natural immunity after Covid, and 85% have already been infected. There is potential damage to the immune system if a Covid shot is administered after a Covid infection. The government has denied that there is natural immunity, but natural immunity is much superior to the immunity from the vaccine. There is a 2 to 4 times risk of adverse reactions in children who have already had Covid, if they are subsequently given the vaccine. Children under age 18 are 51 times more likely to die from the vaccine than from Covid if not vaccinated. One in five deaths was associated with vaccination from April through December 2021.

There is no asymptomatic transmission or spread. This was a false media message. Viral loads in the vaccinated are equal to or greater than the unvaccinated.

"First, do no harm." The high number of deaths from the vaccines are unacceptable. The vaccine is not at all safe, as well as not effective. There have been more deaths from the Covid vaccine in less than a year than from all the other vaccines combined for the last thirty years. One out of 200 batches are 50 times more deadly. Five percent of the vaccines are responsible for greater than 90% of the deaths and disabilities. These deadly batches have been identified but not made known to the public. Until now there have not been autopsies done on those who were vaccinated and subsequently passed away. Preliminary information is just now coming in from these autopsies revealing strange blood clots that have not been seen before. The ingredients of the vaccines have not been made public, so there is no real informed consent.

On myocarditis, the baseline occurrence in the population is 0.2 to 2.0 cases per million. There is one case of myocarditis for every 2700 vaccinations, or 370 cases per million. There is no healing of scarred heart tissue.

The New York Times recently reported Pfizer data fraud in falsifying trial data. There is a court order for Pfizer to release phase 3 trial data, hidden from the public, while the taxpayers are paying for all this. Pharmaceutical companies have paid 35 billion since

2009 for criminal and civil damages and defrauding regulators, as documented by Robert F. Kennedy, Jr., in his book. Project Veritas has on video an FDA official discussing the "use fees" in the millions of dollars paid by pharmaceutical companies to the FDA and CDC to approve and license their drugs. This conflict of interest is called "regulatory capture".

Pfizer made 36.2 billion last year and is expected to make 55 billion this year. Mandates for children would mean 20 million more vaccine customers and more huge profits for the pharmaceutical companies, who in turn pay government officials for policies favorable to them, but certainly not in the public interest.

The situation of zero liability for the pharmaceutical industry in case of vaccine injury invites fraud and negligence with the experimental vaccine. Doctors and scientists have noted a marked throwing out the window by the FDA of legalities, ethics, and even of their own rules.

While BioNTech is licensed, it is NOT available in the U.S., so that the experimental product will continue to be used, because it has zero liability for the pharmaceutical companies.

Do not mandate this experimental drug for children ages 5 to 11 with all the risk but no benefit, violating our Constitution, federal and state, Rule of Law, basic human rights, ethics, and morals. "Where there is risk, there must be choice." (R. W. Malone)

Regards,

Deanna Burlingame
Eatonville, Wa.

Sources: Dr. Robert W. Malone, Dr. Joseph Mercola and associated doctors and scientists, Dr. Russell Blaylock, Children's Health Defense (Robert F. Kennedy, Jr.), who represent great expertise and experience without conflicts of interest with pharmaceutical companies.

From: Carri Coe
Sent: 3/3/2022 2:34:53 PM
To: DOH WSBOH
Cc:
Subject: Childhood vaccines

External Email

To whom it may concern;

I am writing as a concerned parent of the requirements that will be soon voted upon for our school aged children and the vaccine schedules adding the new still not approved by the FDA Covid-19 vaccination. This vaccine has not been approved by the FDA and the information regarding these vaccines are a concern as we do not have long term studies done on our children and the outcomes these vaccines will have on our children and their future. Please do not recommend these be added to our childrens recommendation for school. Please do further research. Even the CDC has said that the expected recovery is .99% for children. There is less than a 1% chance of death from covid. Please do the research on how these are affecting our kids and heart issues and other adverse reactions.

Please do not pass this.

Thank you for listening and your time.

Carri Coe

Sent from my iPhone

From: Darleen Christopher
Sent: 3/4/2022 9:33:51 AM
To: Seattle Public Schools,DOH WSBOH
Cc:
Subject: Photo from Twitter



attachments\5367FB9BE65147B3_Image-1.png

External Email

Sent from my iPhone

From: sharay nwfamilycounseling.com

Sent: 3/3/2022 10:13:41 PM

To: DOH WSBOH

Cc:

Subject: I bet of you, please consider all facts, NO Covid Vaccine mandates for children

External Email

Dear Washington State Board of Health,

I am a parent of a third grader and a fifth grader in the Peninsula School District in Vaughn Washington. Last year we homeschooled with book curriculum to keep normalcy and structure as we did not know what to expect during the school year due to the pandemic. My children although flourished academically, we grew as a family and enjoyed our time together; it did not replace the childhood experience of going to school with peers and teachers.

My children are doing amazing being back at school socially, academically and developmentally. Children need children for healthy mental and social emotional development, it is crucial.

I am desperately asking you to please not mandate the EUA Covid-19 Vaccine product for children to attend school in Washington State. We believe in keeping the community healthy and support keeping others safe, but in our core as parents we cannot ignore many unknowns of the Covid-19 vaccine for children.

It is parents jobs to keep their kids safe, our number one priority and we do this with informed decisions. It is difficult to make a decision to give a young child a vaccine when the FDA will not release their report for the \product for 50 years. The risk of myocarditis is very concerning, it is permanant scarring of the heart muscle, possibly predisposing children to premature cardiovascular disease. The testing for this product was done on a very small group of less than 2,000 participants and even at the FDA stated that "we wouldn't know the true risk of serious side effects until it is rolled out onto a larger population". There are noted vaccine injuries such as the 12 year old female who has a feeding tube and cannot walk, numerous reports of young athletes collapsing due to heart issues that led to death. We do not know or test what biomarkers for future disease the vaccine may cause for our younger precious popluation. The benefit versus risk for this population is not proven.

This is the information us concerened parents have to process as we make the best decisions for our children. We have also been living the last 2 years in a pandemic, trying to keep life going normal, balance jobs, health and our family's well being. It is life changing and terrifying to think that we may have to choose to provide our children with an education that meets their mental health needs, social emotional and academic needs, or give them an inoculation that we feel may be unsafe. It literally breaks my heart privately, when I see their happy faces and know it may all be gone, due to a mandate.

Whether you agree with parents like me or not, we are out here. Our feelings are very strong and we will not comply with a Covid-19 Vaccine mandate for our children to attend school. Some will be ok, some may have lasting mental heath and academic consequences that could lead to other health crisis such as depression, substance abuse, suicide and future unemployment. WE MUST FACTOR THE RISK VERSUS BENEFIT.

Please hear my Prayer.

Sincereley,

Sharay A, Nickles, MA, LMHC
Licensed Mental Health Counsleor
Mother
Wife
Citizen

From: Julie Newfield
Sent: 3/4/2022 10:06:37 AM
To: DOH WSBOH
Cc:
Subject: Opinions against COVID Vaccination Requirements

External Email

March 4, 2022

Washington State Board of Health
PO Box 47990 Olympia, WA 98504-7990
(360) 236 - 4110 wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>

Keith Grellner, Chair
Tom Pendergrass, Vice Chair
Stephen Kutz, Health and Sanitation & Native American Tribes
Elisabeth L. Crawford, Elected Official, WA State Cities
Vazaskia Crockrell, Consumer of Health Care
Temple Lentz, Elected Official, WA State Counties
Fran Bessermin, Consumer of Health Care
Bob Lutz, Local Health Officer
Umair A. Shah, MD, MPH, Secretary, Dept. of Health

Dear Washington State Board of Health,

As a parent in WA state of a school age child, I would like to share my opinion of requiring COVID vaccines for children under age 18.

The Corona Virus has an over 99% recovery rate among children, so it does not make scientific or logical sense to make this a mandate. Historically there is zero precedent for such a move.

The manufacturers of the COVID vaccine say that the vaccine will not prevent infection, nor prevent transmission; AND there has been inadequate time and research-it's unwise to mandate something that has not been fully vetted, especially in our children. I do not wish to subject my child to the potential long-term risks of the COVID-19 vaccines.

In conclusion, I believe that the DOH should not mandate/force parents to vaccinate children under 18 against a virus in which over 99% recover well from. The risks of the vaccine do not outweigh any perceived benefit to children. Please DO NOT mandate the COVID vaccine for students in Washington state.

Thanks for your consideration. Thank you for the work you do in service of our state and residents.

Sincerely,
Julie Newfield

From: Erik Schorr
Sent: 3/3/2022 3:37:42 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I am writing to urge the BOH to REJECT any requirement for children to receive the covid vaccine in order to attend school. I honestly cannot believe that this is still on the agenda as we see more and more evidence that the risks outweigh the benefits for young people. You all have to know this, so what in the world are you thinking??

Good grief. The WAC itself is titled "IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES". It is an accepted reality that these shots do NOT prevent the acquisition of covid, nor the transmission. Again, you know this. How can you claim the mantle of "science" and still follow this path?

This is a hard line for me. We will pull our kids from the schools.

I have been a lifelong Democrat and fervent supporter of the party. I cannot imagine a better way to destroy the trust that many like me used to have.

Shame on all of you.

Sincerely,
Erik Schorr
Anacortes

From: whoptywhop via PrintFriendly
Sent: 2/28/2022 11:54:10 AM
To: DOH WSOH
Cc:
Subject: WSOH: Criteria 4 Rebuttal

External Email

whoptywhop@yahoo.com <mailto:whoptywhop@yahoo.com> sent you an article

Please see attached Criteria #4 rebuttal.

WSOH: Criteria 4 Rebuttal

Part I by Dr. Carver Originally published on Zana's Newsletter on Substack. Republished with permission. 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...

Read More

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fu102619.ct.sendgrid.net%2Fis%2BBehAcu8IYWpO74xoJDmFDydlOuhGbt51WNoMYZJnzzTf4ZLYCGCoDNYovfYekPbWYv9PQk-3DND75_BQQWarZ2XpUpHZepK8fQs5jVZUXCRass-2FUenhpKLy4vI3eAx4TMbv6gH9ztbMqaNkpvpRBqp0UUaZDOWtHXlvNrTwAnIV18XhDN-2FLIfzohs6EjRAGGGH1oV-2F8LWGgd5UZYOPes-2FzK9PYsNvaZb4DC-2F1CioQr0cD51aR6Gi2XNPI4JIWfDFFjt9R0qOuIPssdWbcV40gJr2SciUW-2FjqkQ-3D-3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca303c6f386c44dd490e008d9faf3d62f%7C11d0e21726>
| Print & PDF

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fu102619.ct.sendgrid.net%2Fis%2BBehAcu8IYWpO74xoJDmFDydlOuhGbt51WNoMYZJnzzTf4ZLYCGCoDNYovfYekPbWYv9PQk-3DND75_BQQWarZ2XpUpHZepK8fQs5jVZUXCRass-2FUenhpKLy4vI3eAx4TMbv6gH9ztbMqaNkpvpRBqp0UUaZDOWtHXlvNrTwAnIV18XhDN-2FLIfzohs6EjRAGGGH1oV-2F8LWGgd5UZYOPes-2FzK9PYsNvaZb4DC-2F1CioQr0cD51aR6Gi2XNPI4JIWfDFFjt9R0qOuIPssdWbcV40gJr2SciUW-2FjqkQ-3D-3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca303c6f386c44dd490e008d9faf3d62f%7C11d0e21726>
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From: Sam Grant
Sent: 3/2/2022 5:46:57 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I urge the board to vote NO on this experimental drug. Our children are too important to allow an emergency use drug that has too many adverse affects, that we already know of, and that we don't know of yet. Children will be pulled from schools if this is mandated.

Thank you,
Samantha Grant

From: Natalie Thompson
Sent: 3/3/2022 2:05:04 PM
To: DOH WSOB
Cc:
Subject: Covid-19 Vaccine

External Email

Hello,

I am writing to express my thoughts on the Covid-19 vaccine requirement for children in Washington State. This vaccine should not be required for children in Washington State to attend school due to multiple factors, including the low risk of children ages 5-17 for Covid-19, the fact that the vaccine does not prevent spread of Covid-19, and the recent studies that demonstrated the very low effectiveness of the vaccine for children, especially those ages 5-11 (<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.businessinsider.com%2Fpfigurative-vaccine-may-be-less-effective-in-young-children-data-2022-2&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C6e23dcb5579544cce54808d9fd61d553%7C11d0e21726>). Based on over two years' worth of data from the CDC (<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C6e23dcb5579544cce54808>), children ages 5-17 account for less than 0.1% of Covid-19 deaths. The vaccine for ages 5-11 is still under EUA and there are many unknowns regarding the long-term side effects from the vaccine. Further, many children have already had Covid-19 and therefore have natural immunity through antibodies. These children do not need the Covid-19 vaccine.

Parents should be able to choose if they would like to vaccinate their children, just as they currently do with the influenza vaccine. Mandating this vaccine would be a political decision not based on the available scientific data and information.

Thank you,
Natalie

From: Carlin Flubacker
Sent: 3/2/2022 6:30:11 PM
To: DOH WSBOH
Cc:
Subject: Meeting comment

External Email

Hello,

I would like to leave a comment for the meeting coming up. I think we can agree at this point that with more data coming in daily questioning the vaccines ability to stop the transmission of Covid in kids, mandating a vaccine like this makes absolutely no sense.

It will be a huge reason that people leave public schools regardless of exemptions offered. Please leave it up to parents and physicians to make this decision based on individual circumstances. Many children have had Covid and are as protected as a vaccinated child. No one knows what the fall will bring, this vaccine is already outdated against transmission.

Thank you.
Carlin Flubacker

Sent from my iPhone

From: James Bromley
Sent: 3/1/2022 9:31:31 PM
To: DOH WSBOH
Cc:
Subject: Rebuttals to criteria for including covid-19 vaccine as required for school attendance



attachments\F175D22C6EFB4AD3_WSBOH Criteria 5 & 6 Rebuttal.rtf

attachments\F703611694F84E3E_WSBOH Criteria 4 Rebuttal.rtf

External Email

I am providing to you critical data to consider as arguing against including Covid-19 vaccine to the list of required vaccinations to attend school in Washington State. Please consider this information carefully before you vote.

Respectfully,
James Bromley

From: Laurie
Sent: 3/3/2022 5:13:16 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern;

I DO NOT agree that children should be given a Covid vaccine.
Not enough research has been done regarding the lasting consequences of being given the vaccine.
Parents have the right to choose what's best for their children period.

The effect on some adults after receiving a Covid vaccine has been death or permanently changing their way of life forever.

This is still America, land of the free and home of the brave!!!

Sincerely,
Laurie Shelton

From: Marilee Carter
Sent: 3/4/2022 9:55:13 AM
To: DOH WSBOH
Cc:
Subject: Opposition to mandates of Covid "vaccine" for children to attend public schools.

External Email

Despite the bias in favor of mandating the Covid "vaccines" for public school attendance in the presentations to the Technical Advisory Group, the committee voted to NOT recommend this mandate to the WA state BOH. I am urging the BOH to follow this recommendation.

Children are guaranteed the right to a free public education and there should not be "strings attached" (ie. a child must be vaccinated). This is just another form of coercion.

Though I am not in favor of any of the childhood vaccines being mandated to attend public schools in our state, this "vaccine" is more questionable than all the others combined.

In an October 22, 2020 meeting of the FDA, a PowerPoint presentation showed on slide 16 many adverse reactions that the FDA KNEW were possibilities from the experimental vaccines. Among those adverse reactions were 5 blood clotting disorders, death (#13), neurological disorders, GB syndrome, miscarriages, myocarditis, etc. And yet our own FDA approved EUA of several vaccines while effective treatments against Covid found by honest doctors were actively suppressed as "misinformation".

From the VAERS reporting system, over 24,000 deaths have been reported and over ONE MILLION other adverse events have been reported due to this "vaccine". And VAERS has been estimated to capture <1% of adverse events.

We now know that vaccinated and unvaccinated alike can get the latest version, Omicron, and there were many breakthrough cases during the Delta variant. In highly vaccinated countries (ie. Israel), a large percentage of hospitalizations and deaths have been in fully vaccinated and boosted people.

Healthy children are at very low risk of having serious symptoms if contracting Covid and the survival rate is well over 99%. The numbers in the media of hospitalizations and deaths in children WITH Covid are often in immune compromised children and are used as tactics to frighten parents who are uninformed to rush out and vaccinate their children. My own grandchildren all had Covid and only ran low fevers for a couple of days.

A child's immune system should never be compromised by any vaccine, many of which contain toxins such as aluminum which is a known neurotoxin. A healthy immune system needs to be challenged by viruses and allowed to be strengthened by "fighting" against a virus and thus providing long lasting natural immunity. It is how we survive as a species.

This MRNA "vaccine" is still very experimental. We have absolutely no idea of what the long term effects to our health will be. My understanding is that those who were in the clinical trials of the "vaccines" and were in the control group, were later offered the "vaccine" because of the perceived dangers of Covid. Most took the "vaccine" so we don't even have the original control groups to compare effects from the "vaccine"!

This is, as yet, a "vaccine" that has proven itself anything but "safe and effective". My concern is that it should never be mandated for anyone, let alone children, and as a

condition for being able to access a public education. The risk of this "vaccine" definitely outweighs the benefit, especially in children!

In a video clip showing Tom Pendergrass, he states that he would encourage people to "volunteer" to go out and get vaccinated. The key word there is "volunteer". Where there is risk, it should always be a choice!

In a video clip showing Tao Kwan-Get, he claims that the biggest threat to our liberty is the virus itself and that the "vaccine" is just a tool against Covid that allows us freedom. I would counter that comment and say that the "vaccine" has proven itself to be a dangerous and ineffective tool that has caused many harm and even death. Our true freedom lies in the choice of what we allow to be put into our bodies. Without bodily autonomy, we are truly NOT free, but are slaves to those who make decisions for us!

I strongly encourage the WA state BOH to ignore any biases they personally have and follow the TRUE science (not biased science that has been pushed as the accepted narrative). Do the right thing and do NOT mandate this "vaccine" for public school admission. That leaves true freedom of choice for parents who want their children vaccinated and those who do not.

Sent from my iPhone

From: Testify Online Survey
Sent: 3/2/2022 11:16:58 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 9th

2.

Agenda Item or Issue:

Requiring the jab ☐☐

3.

Your Name:

Amy Hoelzel

4.

Do you have a professional title?

1. Yes

Dental

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

bballmom40.ah@gmail.com

8.

Phone Number (Include Area Code):

5092760683

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a parent and I know it's best for my child

10.

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

1. Yes

Making the Job mandatory

11.

Are you Pro or Con on the proposal?

2. Con

BC I believe you are playing hood with our children. The over each is massive - as massive as the exodus will be from public school if you mandate the job

From: Laura Kett
Sent: 3/2/2022 5:31:16 PM
To: DOH WSBOH
Cc:
Subject: vaccines for children

External Email

Please listen to the TAG recommendation along with all the science which has found the vaccine to be effective as other vaccines can be: the covid vaccine neither stops transmission or disease. Allowing healthy bodies to fight off the virus is the healthiest way to get immunity. The only thing you are promoting with a vaccine mandate is putting a shot into healthy children and this shot has risks.

Thank you,
Laura Kett, Seattle.

Laura S. Kett

www.laurakettOT.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.laurakettot.com%2F&data=0>>

supporting parents and children

From: sarah van mater
Sent: 3/3/2022 2:45:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I urge you to follow the recommendations of the Technical Advisory Group to not mandate Covid-19 shots for daycare and K-12 students in Washington.

Children are at virtually no risk of serious disease from Covid-19. The CDC has stated that the shots don't prevent infection or transmission and are not long-lasting in what protection they offer. There are documented serious side effects to these shots and no studies of their long term effects. An experimental treatment, such as a drug under Emergency Use Authorization, legally requires informed consent (in this case from parents) without coercion, which is impossible under a mandate. Moreover, as this disease continues to wind down, a majority of people, including children, have acquired natural immunity.

So please ratify the recommendations of your Technical Advisory Group.

Sincerely,

Sarah Dougherty
Bellevue, WA

Sent from my iPad

From: Jeff Coop
Sent: 3/3/2022 7:47:46 PM
To: DOH WSBOH
Cc:
Subject: 3/9/22 Board of Health Meeting: REJECT mandatory COVID vaccines

External Email

Dear Board of Health:

My understanding is that the Technical Advisory Group has recommended to not require mandatory COVID-19 vaccinations for public schools. The TAG should be commended for their recommendation. I fully oppose mandatory COVID-19 vaccinations. Please REJECT mandatory COVID vaccinations and protect our students. Any Emergency Use Authorized product or any licensed product that lacks completed Phase 3 trial studies should be prohibited. Please reject requiring experimental drugs or vaccines.

Respectfully,

Jeff Coop

From: Robert Holte
Sent: 2/28/2022 10:46:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Karen Waugh
Sent: 3/4/2022 10:28:09 AM
To: DOH WSBOH
Cc:
Subject: TAG recommendation

External Email

To the Washington State Board of Health,

I urge you to ratify the TAG's recent recommendation against a mandate for the COVID shot for school entry. There are no long-term studies for the safety of this shot for children. Children are at miniscule risk for serious outcomes from the disease. Natural Immunity would be far better for children to develop at their young age.

Sincerely,
Karen Waugh

From: Sharon Damoff
Sent: 3/3/2022 6:30:02 PM
To: DOH WSBOH
Cc:
Subject: No mask or vaccine mandates!

External Email

Dear Board of Health,

I know the governor has announced an end to the mask mandate, but I've heard some teachers' groups want it to be extended for children until May 1. This is outrageous and should not happen!

Covid is virtually no threat to healthy children. That has long been known.

And masks do not block the spread of covid. That has also long been known, even though people claim otherwise. All masks do is impede children's learning, harm the speech development of young kids, and harm the socialization of all ages of kids. Teens are experiencing depression and suicide ideation at higher levels.

End the mask wearing now! There is no scientific basis for masks, and they are causing harm to kids.

There also should be no covid vaccine mandate in order to attend school. Again, covid is not a threat to children. Parents can decide about their own kids. A healthy, nonobese child/teen does not need a vaccine that might cause myocarditis or alter a female's menstrual cycle. Parents of a diabetic or obese child might choose vaccination--but it should be the parents' choice, not government's.

Thank you,
Sharon Damoff
Mukilteo, WA

From: Shawn Preston
Sent: 3/3/2022 1:43:17 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I Respectfully urge you to please ratify the TAG's recommendation against C-19 vaccination mandates for children in daycare and K-12. New data has come out from Pfizer show that that shot was not affective in younger children.

Warm regards,

Shawn Preston

From: composerelite@gmail.com
Sent: 2/28/2022 6:29:14 PM
To: DOH WSBOH
Cc:
Subject: Public comment

External Email

Please read the latest data about Pfizer being less effective in children 5-11 years old.

<https://www.nytimes.com/2022/02/28/health/pfizer-vaccine-kids.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fpfizer-vaccine-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fpfizer-vaccine-kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca76726ba76e84001e5e108d9fb2b3cfe%7C11d0)

[kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca76726ba76e84001e5e108d9fb2b3cfe%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fpfizer-vaccine-kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca76726ba76e84001e5e108d9fb2b3cfe%7C11d0)

Sent from my iPhone

From: brittgordon58
Sent: 2/25/2022 7:51:19 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 T-Mobile 5G Device

From: Sarah Darboe

Sent: 3/4/2022 10:16:45 AM

To: DOH WSBOH,DOH Secretary's Office,Duchin, Jeffery, MD

(DOHi),Dow.Constantine@kingcounty.gov,slevy@kingcounty.gov,coronavirus@kingcounty.gov,McDermott, Joe

(DOHi),Girmay.Zahilay@kingcounty.gov,rod.dembowski@kingcounty.gov,jeanne.kohl-

welles@kingcounty.gov,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov

Baker,hkoellen@northbendwa.gov,jzahn@bellevuewa.gov,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,TaoSheng.KwanGett@doh.wa.gov,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),Wilcox,

JT,newsdesk@973kiro.com,kddodriguez@seattleradio.com,benjamin.wilfond@seattlechildrens.org,FBell@wcaap

Cc:

Subject: No to Vaccine Mandates on Children and drop the masks!

External Email

To Whom it may concern,

I am deeply concerned about the rhetoric coming from the WEA and their pro-mask stance! This is from communication from WEA "It is our recommendation that the mask mandate be lifted no earlier than May 1. This timeline would center the needs of our BIPOC communities and those who are immunocompromised or cannot yet be vaccinated." As a wife to a black man and a mother to bi-racial children, I would like to note that the union does not speak for my family in their pro-stance of keeping the masks on. Why is ok for them to make a blanket statement for such a large and diverse community? I don't see them making blanket statements for white people. Yet most, the people who signed that letter are white. Please don't try and represent my family and our views. We can do that ourselves. The union has a right to make their pro mask statement, but they don't have a right to speak for all BIPOC people and doing so is racism and its finest!

On the issue of the vaccine mandate for children, I urge you not to make this happen. If the vaccine becomes a mandate, I will be pulling my children from public school. Children are at a very low risk of negative effects from COVID. The vaccine itself is not without harm. Many countries do not mandate this for children as a result. "According to a Jama-published study, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of benefits of COVID-19 vaccinations" Source Jamanetwork.com/journals/jma/fullarticle/2788346. Also, it was just reported on February 28th that the efficacy for the Pfizer vaccine is only 12% for children 5-11. With such a low efficacy and an increased risk of adverse reactions, why is the mandate for the COVID vaccine even up for a vote?

We are moving into the endemic phase of the COVID19 virus. It is time to let each individual and family make decisions regarding masks and vaccinations. The Government needs to return their control to the people. We have the correct tools, and we know the risks and we do not need the Government making medical choices for ourselves and our families!

Best regards,

Sarah Darboe

From: Jayme key
Sent: 3/4/2022 12:00:00 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Covid vaccine mandate for schools

External Email

>
> ☐ To whom this may concern,
> Please think about our children and the potential side effects that could harm our children. This is a brand new vaccine that we have little information on compared to the ones that have been around for years, this vaccine is not any any way comparable to the ones that already are required. Pfizer just released information on this vaccine and the side effects of this vaccine it is very alarming. Please vote no on this law to make this vaccine mandatory for kids in school at least until we can learn more information about the vaccine. Please protect our children, their lives are in your hands.
> Thank you for taking the time to read this.
>
> Sincerely,
> A Concerned parent
>
> Sent from my iPhone

From: Caroline Girt
Sent: 3/4/2022 8:59:32 AM
To: DOH WSBOH
Cc:
Subject: 246-105-WAC

External Email

I am writing to inform the board of my strong opposition to any amendment made to 246-105 WAC (Immunization of Child Care and School Children Against Certain Vaccine-Preventable Diseases) that may include the requirement of the COVID-19 vaccine for children to attend schools and child care facilities in our state.

As the board knows full well, there is a large amount of data available to them from many government and pharmaceutical sites as well as world renowned doctors and scientists, that list the risks of vaccinating our children. Even Pfizer's own research has shown the proof of adverse side effects itself in their recent drop as a result of a FOIA (Freedom of Information Act) request. And the CDC's own VAERS data also shows the risk of side effects. Given the already well known and accepted fact that children are by far the LEAST affected demographic in our country, the push for vaccination is both reckless and dangerous. There is no way to guarantee the "safety" of a vaccine that has only recently been used in children, and definitely no way to guarantee that the long term effects of the vaccine will not harm our children into their adult lives. Vaccines already on the required school vaccine list have long been tested to prevent the illnesses they vaccinate against. With this COVID-19 vaccine it has been proven by all standards to be minimal protection at most. The virus can still be spread, and contracted regardless of vaccination status.


No one cares more about a child than that child's parents. And you can rest assured that every parent is wrestling with the decision in front of them right now. For many school districts you will see a mass exodus from the public school system. And for this entire state, you may also see a mass exodus of families leaving to find a state more aligned with the freedom to choose how one lives.


We are at a dangerous spot in history. I doubt any of you would be confident enough to look into the eyes of a parent and tell them that this vaccine is safe and effective for ALL children. I also doubt any of you would want to look into the face of a parent or child and tell them you are sorry for an adverse side effect as a result of a vaccine that this board approved.


As both a parent and a Washingtonian, I am strongly urging you to vote no on adding the COVID-19 vaccine to the required school vaccination list.


Thank You,
Caroline Girt

From: Rick Allen
Sent: 3/3/2022 3:49:50 PM
To: DOH WSBOH
Subject: Comments for the BOH re: Immunizations Technical Advisory Group's good decision

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 attachments\8FD3D75C32414CE1_PIC - Are Vaccine Mandates Science Based 1 page.pdf

External Email

□BOH, especially Tom P & Tao - Having watched the TAG meetings on Zoom. I implore you to uphold and ratify the TAG decision to NOT make COVID 19 "vaccines" be mandatory for school kids for the following scientific reasons. I repeat my statement of February 23:

□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 - Tom and Tao - Your statements that these shots are safe, effective and necessary— the best thing we can do to keep our children healthy— are incorrect. Really look at the science I am supplying. I would be happy to go over it 1-to-1.

PPS - I will again 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
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cascadewellnessclinic.com%2F>

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.

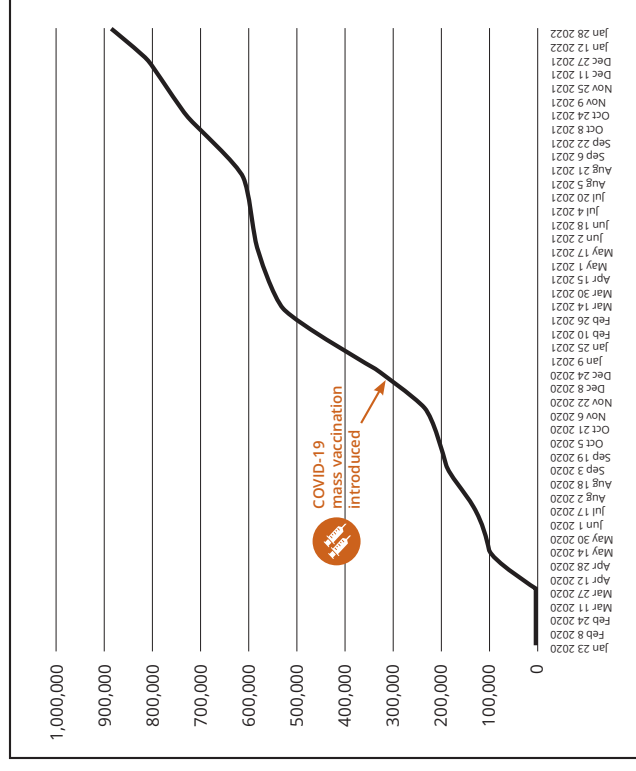


FACT:

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



This is a public service announcement from Physicians for Informed Consent, a 501(c)(3) nonprofit educational organization. Learn more here: physiciansforinformedconsent.org/covid-19-vaccines

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COVID-19 VACCINE MANDATES: 20 Scientific Facts That Challenge the Assumptions

ASSUMPTIONS

FACTS

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[physiciansforinformedconsent.org/
covid-19-vaccines](https://physiciansforinformedconsent.org/covid-19-vaccines)



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

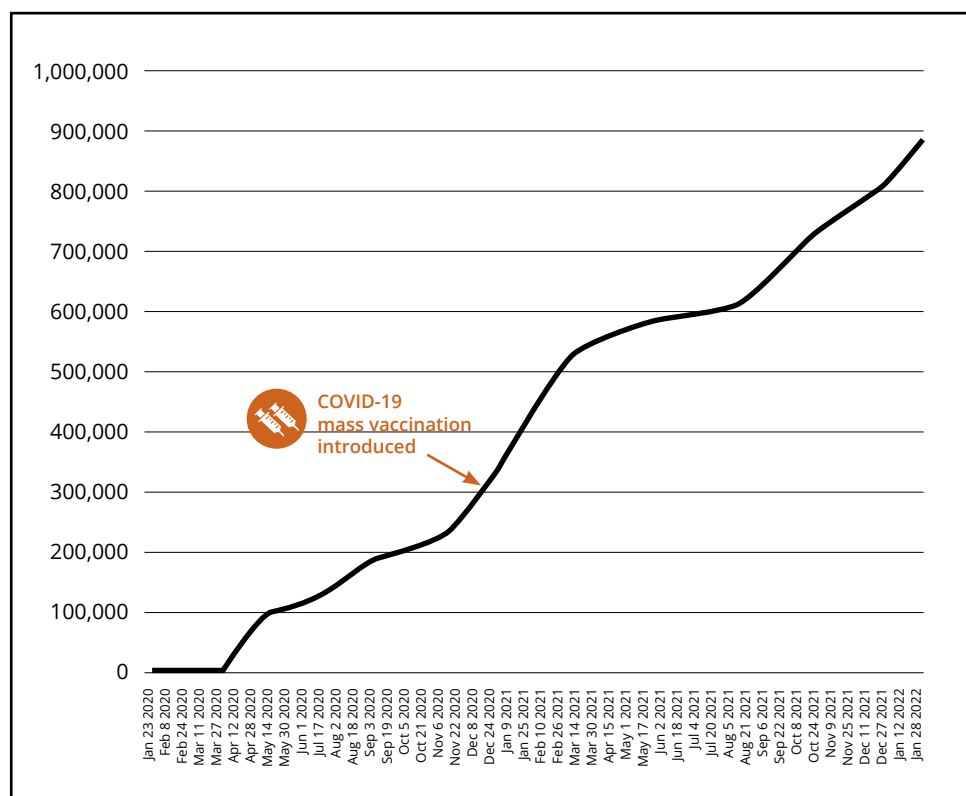


FACT 5: A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* observed that 100% of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.¹



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



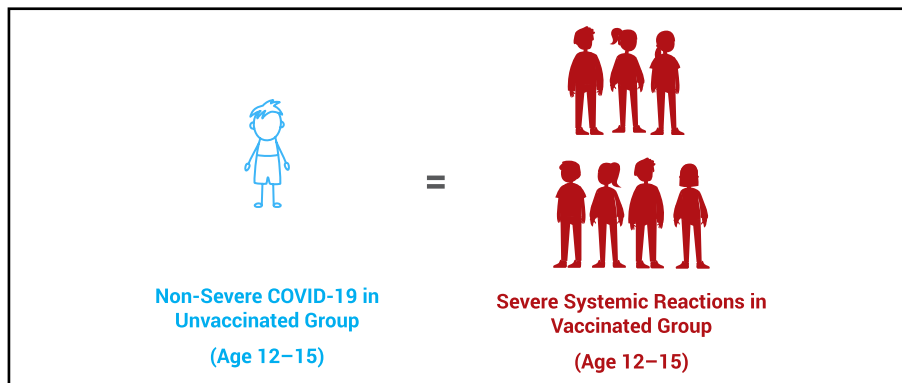
FACT 8: In the clinical trial, a range of 1 in 59 to 1 in 143 vaccinated children 5 to 11 years of age suffered severe systemic reactions within seven days of the second dose. There were 3 to 8 cases of severe systemic reactions observed in the vaccinated group for every 10 cases of non-severe COVID-19 in the unvaccinated group.⁹



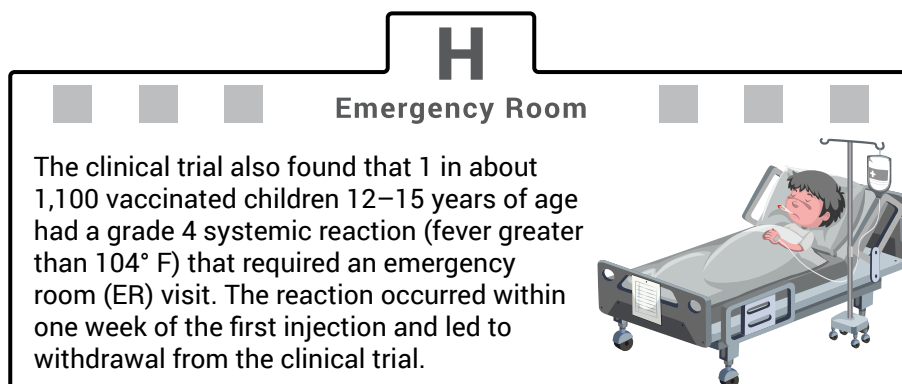
FACT 9: In the clinical trial, 1 in 9 vaccinated adolescents 12 to 15 years of age suffered severe systemic reactions within seven days of receiving the second dose. There were 7 times more severe systemic reactions observed in the vaccinated group than non-severe COVID-19 cases in the unvaccinated group.¹⁰⁻¹²



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.



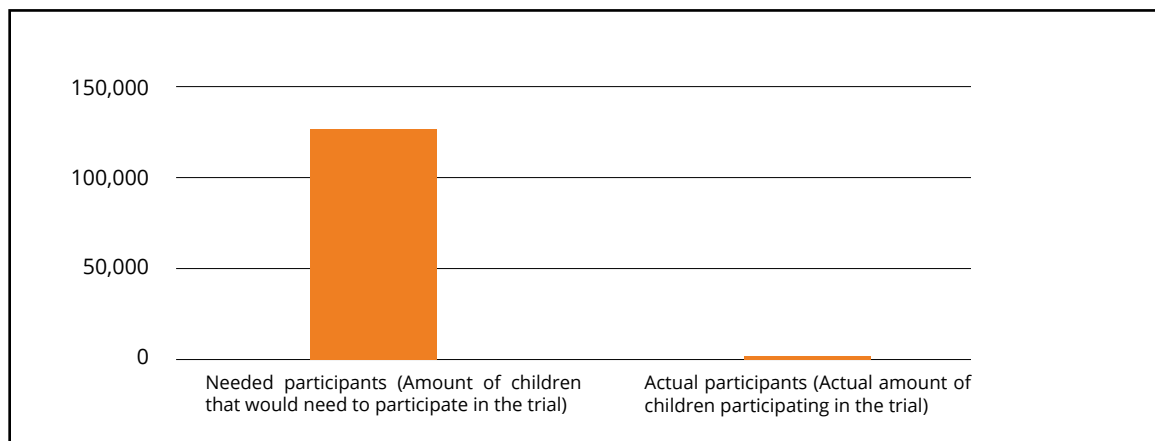


ASSUMPTION: The COVID-19 vaccine clinical trial was large enough to show safety in children.



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}



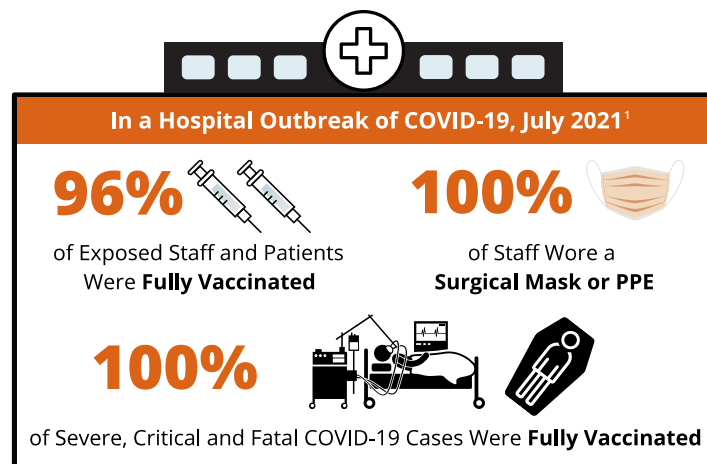
The Johnson & Johnson vaccine clinical trial found there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.



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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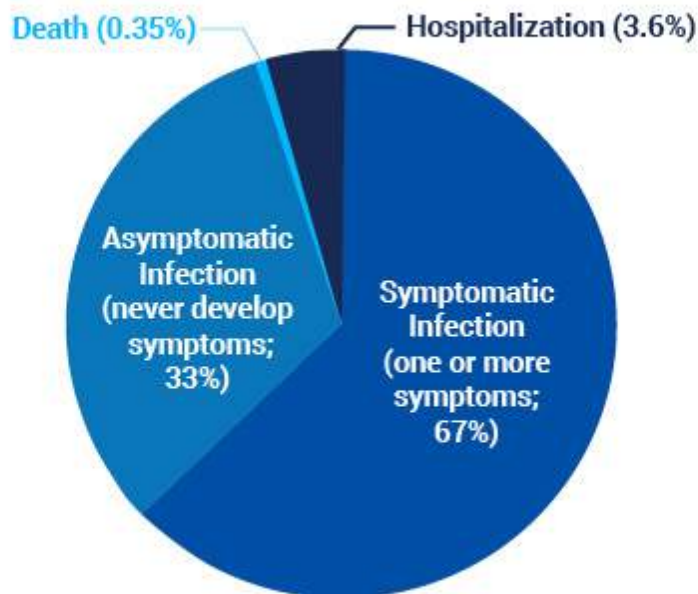
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Physicians for Informed Consent Publishes Comprehensive Analysis of U.S. COVID-19 Infection-Fatality Rate by Age Group

SARS-CoV-2 Infection Outcomes^{3,8,9}



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[\(https://physiciansforinformedconsent.org/covid-19/\)](https://physiciansforinformedconsent.org/covid-19/)

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 23% 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.⁷

A Stanford University systematic review that included 69 antibody studies estimated that the COVID-19 IFR in the United States ranges from 0.1% to 0.6%.⁸ 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).⁹ In addition, severe COVID-19 is particularly lethal in nursing homes.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.⁹

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

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	0.1%	0.00%	0.001
18–49 years	56.4%	4.20%	0.63
50–64 years	20.3%	11.1%	0.3
65+ years	19.2%	80.9%	4.2
65+ years not in LTC	9.9%	38.0%	3.8
65+ years in LTC	0.41%	41.9%	37.2
75+ years	4.3%	58.5%	13.6
75+ years not in LTC	4.0%	18.2%	4.6
75+ years in LTC	0.3%	40.2%	46.9
All ages	100	100	0.35
All ages not in LTC	99.59%	34.9%	0.2*
All ages in LTC	0.41%	43.1%	38.2

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,¹⁶ 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.¹⁷

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.^{18,19} Dozens of studies have observed the effectiveness of various treatments, the most studied being remdesivir, vitamin D, hydroxychloroquine (HCQ), remdesivir, and monoclonal antibodies.^{20,21} 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).^{22–24}

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}

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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(<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.

to become a member, please visit physiciansforinformedconsent.org
(<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

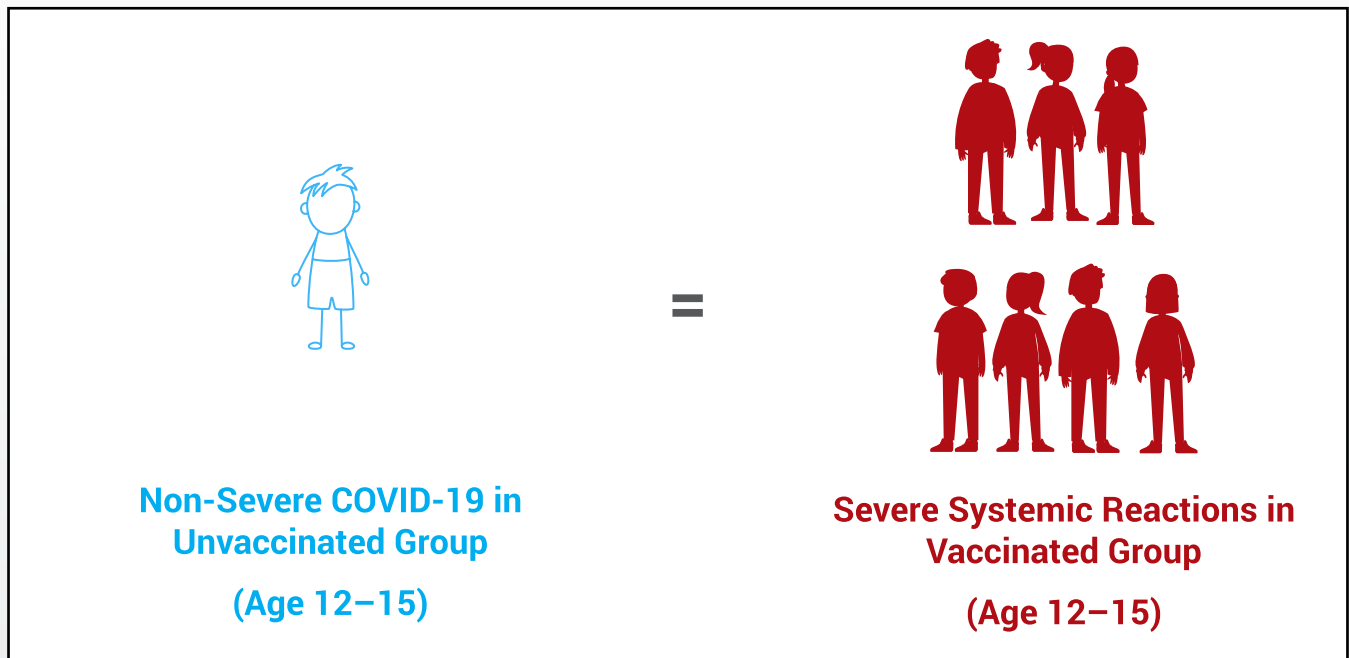
(<https://physiciansforinformedconsent.org/category/covid-19/>), Press Release

(<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/>).

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.



From: Jennifer Harrington
Sent: 3/2/2022 7:56:02 PM
To: DOH WSBOH
Cc:
Subject: RN AGAINST vaccine mandate for K-12



attachments\6D8FCBA60C7648EB_image0.jpeg

External Email

I'm a pediatric nurse at Seattle Children's hospital as well as a parent of 3 children.

I am urging you NOT to add Covid-19 to the required K-12 vaccination list for several reasons.

1. It doesn't provide a lasting immune response. Several studies question its efficacy. Most recently a NY study states that;

"The vaccine's efficacy against infection...declined to 12% at the end of January from 68% in mid-December compared to kids who did not get vaccinated...

For those aged 12 to 17, the vaccine's protection against infection fell to 51% in late January from 66% in mid-December."

Source: <https://www.reuters.com/business/healthcare-pharmaceuticals/pfizerbiontech-covid-vaccine-less-effective-ages-5-11-new-york-study-2022-02-28/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fbusiness%2Fpharmaceuticals%2Fpfizerbiontech-covid-vaccine-less-effective-ages-5-11-new-york-study-2022-02-28%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5cfc59ea567a495f2aaf08d9fcc9b96a%7C11d0e21>>

2. Most of our kids have natural immunity.

Serology testing data shows that the majority of our children already have robust Covid antibodies, and this data was analyzed before the omicron outbreak which would make these results significantly higher.

" It estimated that 58 percent of children up to age 11 have antibodies from natural infection, along with the same share of children age 12 to 17."

Source: <https://www.washingtonpost.com/health/2022/02/28/covid-cases-nationwide/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fhealth%2Fcases-nationwide%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5cfc59ea567a495f2aaf08d9fcc9b96a%7C>>

3. Children are at very low risk of negative affects from Covid in the first place such that it is morally wrong to require an EUA vaccine.

The CDC itself in 2021, when a far more dangerous variation was circulating estimated the death rate of children to be .2/100,000.

4. The vaccine itself is not without harm. Many countries do not mandate this for children

as a result.

"According to a Jama-published study, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination."

Source: <https://jamanetwork.com/journals/jama/fullarticle/2788346>

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

5. The WA State House itself just dropped it's vaccination requirement to attend floor votes and the majority of our lawmakers fall into the higher-risk category because of their age and health status.

To bar unvaccinated children from attending school while allowing unvaccinated lawmakers to attend floor votes is the epitome of hypocrisy and bad policy.

[https://komonews.com/news/local/house-drops-vaccination-requirement-for-lawmakers-on-](https://komonews.com/news/local/house-drops-vaccination-requirement-for-lawmakers-on-floor?fbclid=IwAR03XjnczHBcvb8VifJhUtT1SwdYHoQUBihOQbtvw1r_SBZ32f9V4uNVVmY)

[floor?fbclid=IwAR03XjnczHBcvb8VifJhUtT1SwdYHoQUBihOQbtvw1r_SBZ32f9V4uNVVmY](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkomonews.com%2Fnews%2Flocal)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkomonews.com%2Fnews%2Flocal>
drops-vaccination-requirement-for-lawmakers-on-
floor%3Ffbclid%3DIwAR03XjnczHBcvb8VifJhUtT1SwdYHoQUBihOQbtvw1r_SBZ32f9V4uNVVmY&data=04%7

Anecdotally, almost every child that I've treated with Covid has been asymptomatic and the overwhelming majority of them were all vaccinated.

While a vaccine mandate allowing a philosophical exemption may have seemed like reasonable policy with previous variants, enacting such a mandate at a time when the vaccine is not stopping transmission, the circulating variant is largely asymptomatic or mild, and the rest of the country has largely dropped all mandates is likely to be met with fierce opposition and will spread vaccination resistance that will have downstream effects for generations.

I urge you to accept the TAG group's recommendation and immediately vote to reject a Covid mandate for K-12 attendance.

Best,

Jennifer Harrington, BS, ADN, RN

From: Cindy Nuxoll
Sent: 3/3/2022 1:02:22 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine in children

External Email

The adverse reactions to
were just released via court order. Pfizer was trying to hide results for 75 years. They are
dangerous and anyone forcing these (including the state, federal government, drs,
nurses, schools, health dept) should be charged with crimes against humanity! Shame on
you! <https://adversereactionreport.com/breaking-news/pfizer-ordered-to-release-document-disclosing-massive-list-of-adverse-events-of-special-interest/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadversereactionreport.com%2Fbreaking-news%2Fpfizer-ordered-to-release-document-disclosing-massive-list-of-adverse-events-of-special-interest%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C85549ed3e1a24f258c2008d9fcf45aeb%7C11>>

Sent from my iPhone

From: Rebecca Beck
Sent: 3/3/2022 8:28:56 PM
To: DOH WSBOH
Cc:
Subject: Respectfully urge YOU to ratify the TAG's recommendation against a mandate.

External Email

Respectfully urge YOU to ratify the TAG's recommendation against a mandate.

It has not been studied and ALL that entails. 24,402 deaths reported on the VAERS on this vaccine alone which under reported by 90%. . YOU are subjecting real people to death, pain and chronic illness for years to come.

At the very least defer until further studies can be done.

Do your due diligence

Respectfully,
Rebecca Beck
Cathlamet, Washington USA

From: Rob and Destry Roper
Sent: 3/4/2022 10:48:53 AM
To: DOH WSBOH
Cc:
Subject: COVID VAX MANDATE

External Email

Hi, the vaccine for children is not effective enough to warrant a mandate and the risk is massive compared to the side effects! Mandate this vaccine and you will have mass exit from the public schools and state! Schools that are already failing and have low enrollment! This vaccine needs to be optional! Destry

From: Lisa Templeton
Sent: 3/3/2022 3:06:16 PM
To: DOH WSBOH
Cc:
Subject: written public comment for the BOH for its March 9 meeting



*attachments\10FE81CD89234413_ICWA letter and paper to TAG in
c_PRDTool_NAMETOOLONG.pdf*

External Email

Good afternoon,

Will you please provide the following message and 29-page attachment to the Board of Health as a public comment for its March 9 meeting? May I ask you to confirm that you have received this message and attachment and included both of them in the meeting materials, please, so we can be sure they are not left out again? Thank you.

Dear Board of Health Members,

On behalf of Informed Choice Washington, I am writing about your upcoming decision regarding the Technical Advisory Group's recommendation last Thursday not to require Covid shots for daycare and K-12 children in Washington.

Attached is our comprehensive review of the Covid-19 vaccine products as compared to the BOH's Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030. Our paper, which includes citations, systematically applies each of the nine criteria to these experimental injections, and it elucidates the fact that none of the criteria is met.

This document was originally submitted to the BOH as public comment for your January 12 meeting and to be shared with the TAG; however, it is not present in any of the nine packets of public comment that were provided in the meeting materials, so it seems you must not have read it yet. We fervently urge you take the time to do so now. As indicated in the cover letter, you are each facing what may be the most important decision you will ever make as a member of the board, or perhaps in your life; the stakes for our children could not be higher.

The injections do not meet the nine criteria. Please ratify the TAG's recommendation not to require them for our children.

Thank you,

Lisa Templeton

Executive Secretary to the Board

Informed Choice Washington

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

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of

interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, "The vaccines are safe and effective and recommended by the CDC." This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

"COVID-19 vaccine and other vaccines may be administered on the same day."

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the "Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030" that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye



**Informed Choice Washington Presents:
A review of the COVID-19 shots
(Pfizer, Moderna, Janssen)
using the Washington State Board of Health's
"Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030"**

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of "immunizing agent" per WAC 246.105.020(13), which states:

"Immunizing agent" means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH's criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine **must** be recommended by the ACIP. The ACIP reviews **licensed** vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes:

- (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;
- (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;
- (3) an assessment of cost effectiveness;
- (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups;
- (5) a review of the recommendations of other groups; and
- (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." *May 12, 2021 ACIP Meeting - Discussion and Vote*, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>.

On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. *Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes*, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine."
Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

“FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564.” *Vaccine EUA Questions and Answers for Stakeholders*, U.S. Food & Drug Administration,
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

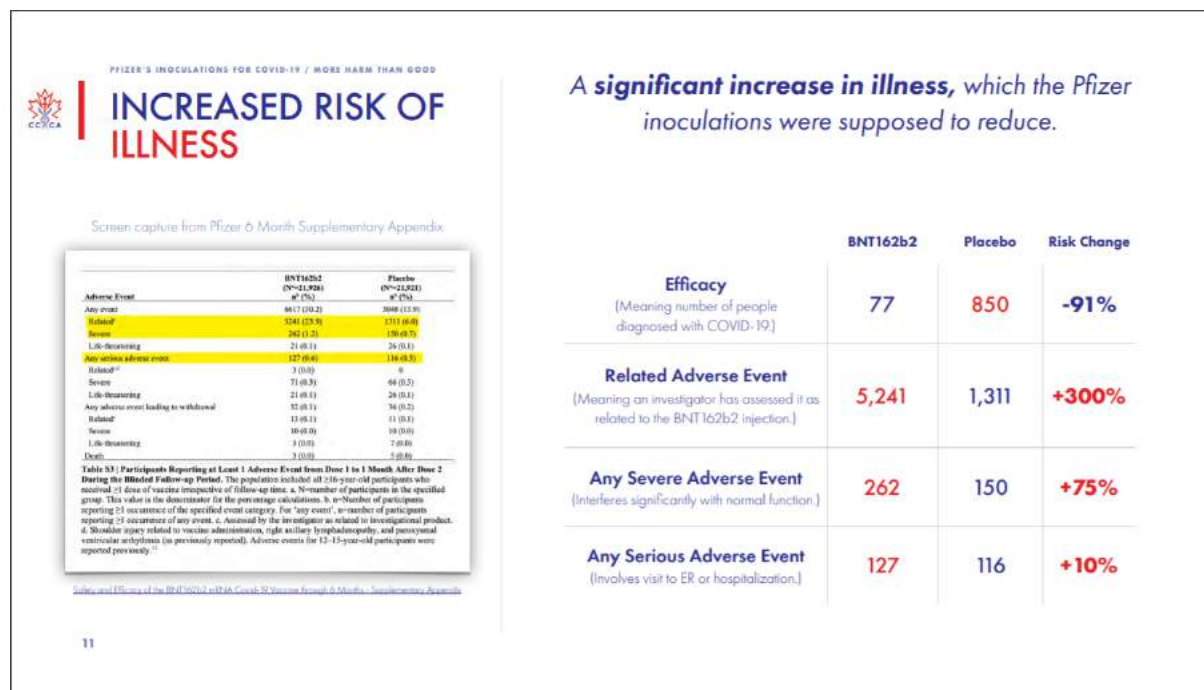
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

Do any of the COVID-19 shots fulfill this criterion? No.

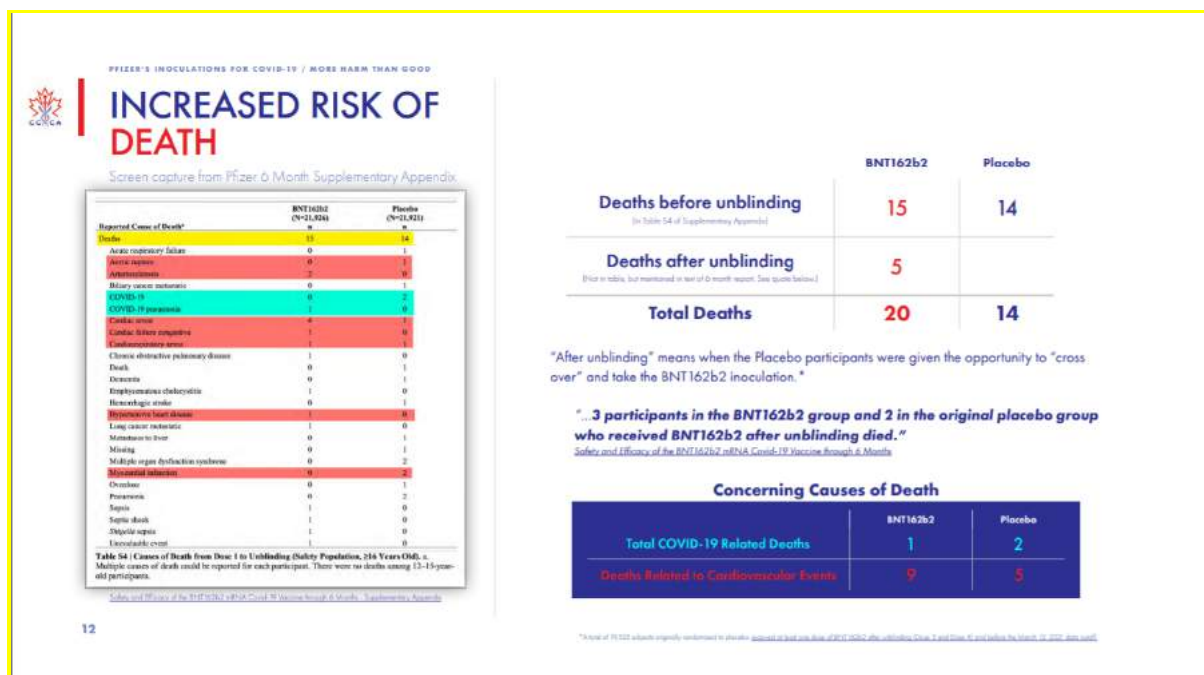
While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events

(in red); there are almost twice as many in the test group as in the control group. This is Level One evidence of harm, as the data is derived from a randomized control trial (RCT).



Although FDA press releases proclaim that the benefits of the product would outweigh its risks, this conclusion is based upon modeling, which is the lowest quality of evidence given its reliance on layers of assumptions and subjectivity. FDA already had access to a superior form of data: the RCT results from the manufacturer itself, which it disregarded; "Therefore, the FDA conducted its own benefit-risk assessment using modelling to predict how many symptomatic COVID-19 cases, hospitalizations, intensive care unit (ICU) admissions and deaths from COVID-19 the vaccine in children 5 through 11 years of age would prevent versus the number of potential myocarditis cases, hospitalizations, ICU admissions and deaths that the vaccine might cause. The FDA's model predicts that overall, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age." FDA NEWS RELEASE: "FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age," U.S. Food & Drug Administration, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

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

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “ . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general public's acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: COLLEEN RUPKE
Sent: 3/4/2022 11:13:17 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - Adding COVID shot to the school vaccine list

External Email

To Whom It May Concern and all members of the Washington State Board of Health:

In the event that the Board decides to take action on this matter on Wednesday, March 9, I would certainly hope that you follow the recommendation of your Technical Advisory Committee and dispense with this notion of requiring a highly dangerous shot of this nature to the childhood vaccination list.

It has now been determined that children are 51 times more likely to experience harm from the vaccine (including death) than from COVID or any of its variants. Children under the age of 18 who have taken the shot are experiencing permanent heart damage and heart attacks at a record rate. Student athletes who have been vaccinated are being hospitalized for heart attacks and strokes. Even Australia's Health Minister is finally admitting that people are dying from the vaccine. As the FDA is being forced to release its documents for approval of this gene therapy concoction we call the COVID vaccine, it is becoming more and more clear that all true HEALTH and SCIENCE has been disregarded in the marketing of these shots and that this has become a matter solely of profit and control at best. Quite a number of lawsuits nationwide and worldwide are beginning to surface, calling into question the true motivations of foisting this deadly serum onto the nation and its children.

To proceed with this appalling notion is at the very least child abuse and at best grounds for prosecution for crimes against humanity.

Please make the right choice and vote no.

Colleen Rupke
Sultan, WA

From: Carol Lee
Sent: 3/3/2022 3:47:06 PM
To: DOH WSBOH
Cc:
Subject: Vote NO on covid vaccines for kids

External Email

To: Washington State Board of Health,

We URGE you each to please take the time to READ these important studies of myocarditis in kids CAUSED by the covid vaccines.

Risk of Myocarditis in Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworldcouncilforhealth.org%2Fnew-of-myocarditis-in-children%2F18570%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C38a6a3aeb33345a05eed08d9fd70>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworldcouncilforhealth.org%2Fnew-of-myocarditis-in-children%2F18570%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C38a6a3aeb33345a05eed08d9fd70>

Risk of Myocarditis in Children

World Council for Health demands an end to the use of Covid-19 vaccines and boosters in children due in part to the increased risk of myocarditis in children.

Myocarditis is not mild. It is not temporary. It is a life shortening condition. These kids will have to be on special medicines & monitored for LIFE.

Myocarditis also shortens the expected life span due to high amounts of heart attacks and heart muscle injuries because of myocarditis.

Do not add covid vaccinations to kids vaccines to attend school.

Please VOTE NO!

Prayerfully submitted,
Jeff & Carol Lee
Skagit County, WA

From: Matt Santos
Sent: 3/4/2022 9:48:56 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

It should not be a requirement for children to receive a Covid vaccination to attend school.

Children are more likely to suffer from the potential long-term effects of an experimental vaccine that is proven to not prevent disease or limit spread.

Children are proven to have significantly less illness or no illness at all when exposed to Covid. The number of children seriously injured or killed by the virus is so small that the percentage is almost non-existent. This is well documented over the course of the pandemic.

I am completely in favor of proven vaccines such as MMR, Hepatitis and tetanus, but will never support a treatment that has such a small window of efficacy and a high potential to cause harm such as blood clots, pericarditis and unknown long-term effects on a developing child.

At no time in our civilized society have we sacrificed the health and well being of our children in favor of the old and debilitated. This measure is likely pushed to protect school employees, not children. Because the vaccine in question does not prevent illness or limit spread, it has zero value.

By forcing families to choose between protecting their children or education, you will force families to withdraw their children from schools. What will this do to the long-term health of our society? Why would you consider lowering a child's access to education and opportunity? Statistically speaking, less minorities have received the vaccine and boosters. Are you seriously considering inflicting further harm on the minority population?

Thank you for reading and considering my genuine concern. I hope you do not pursue this mandate.

From: DOH Information
Sent: 3/1/2022 12:25:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\7012D9769C8844BF_image001.png

Hello,

Below is public comment on the covid vaccine and 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, March 1, 2022 4:46 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:

The OpenVAERS team recently started looking at injury reports in children aged 17 and younger, and to their shock, they found 34,223 U.S. reports involving this age group through February 11, 2022. You can find the Child's Report [here](#).⁴ This is a staggering number, considering the 12- to 17-year-olds have only been eligible for the shot since May 2021, and 5- to 11-year-olds since October 2021.⁵ According to a cost-benefit analysis by Stephanie Seneff, Ph.D., and independent researcher Kathy Dopp, the COVID jab is deadlier than COVID-19 itself for anyone under the age of 80. The cost-benefit analysis¹ looked at publicly available official data from the U.S. and U.K. for all age groups, and compared all-cause mortality to the risk of dying from COVID-19. "All age groups under 50 years old are at greater risk of fatality after receiving a COVID-19 inoculation than an unvaccinated person is at risk of a COVID-19 death," Seneff and Dopp conclude. For younger adults and children, there's no benefit, only risk. "This analysis is conservative," the authors note, "because it ignores the fact that inoculation-induced adverse events such as thrombosis, myocarditis, Bell's palsy, and other vaccine-induced injuries can lead to shortened life span. When one takes into consideration the fact that there is approximately a 90% decrease in risk of COVID-19 death if early treatment is provided to all symptomatic high-risk persons, one can only conclude that mandates of COVID-19 inoculations are ill-advised. Considering the emergence of antibody-resistant variants like Delta and Omicron, for most age groups COVID-19 vaccine inoculations result in higher death rates than COVID-19 does for the unvaccinated." Real-Life Risk Reduction Is Negligible The analysis is also conservative in the sense that it only considers COVID jab fatalities that occur within one month of injection. Looking at the U.S. Vaccine Adverse Events Reporting System (VAERS), we're now seeing that many of those who are dying got the jab around April 2021 or earlier, so we know the shots can significantly cut your life short even if they don't kill you in the first month. As detailed in Seneff's and Dopp's paper: "Absolute real-life risk reductions (ARRs) ... from COVID inoculations vary from a low of negative 0.00007% (an increased risk of a COVID death from inoculation) for children under age 18 to a positive 0.183% (0.00183) risk reduction of a COVID death for persons over age 80 ... COVID vaccine inoculations increase risk of death and produce a net negative benefit, aka increased risk of death ... for all age groups younger than 60 years old. In other words, the COVID inoculations cause a net increase, rather than decrease, in the likelihood of death for all persons under 60 years old. For those over 60 years old, the benefit of COVID inoculations is negligible, ranging from a 0.0016% reduction in likelihood of death for a 60- to 69-year-old persons to a 0.125% reduction in likelihood of death for those over 80 years old. Because preventative treatments are often given to well persons, a vaccine is supposed to provide very small risk compared to benefit. Thus, such high fatality risks (VFRs) versus low benefit of risk reduction (ARRs) from the COVID inoculations are not

acceptable, especially considering that low-cost, effective treatments are available that would additionally reduce COVID-19 death rates by as much as 90% or more if provided as soon as symptoms appear in high-risk persons.” Meanwhile, data from an analysis² by researchers Spiro Pantazatos and Herve Seligmann suggest U.S. deaths reported to VAERS are underreported by a factor of 20. Their analysis was used to calculate vaccine fatality rates (VFR), the number needed to treat/vaccinate (NNT) to prevent one COVID death, the expected number of vaccine fatalities to prevent one COVID death, and the expected number of vaccine fatalities compared to COVID fatalities by age group:³

Age group	VFR — Vaccine fatality rate	NNT to prevent one COVID death	Expected vaccine fatalities to prevent one COVID death	Expected number of vaccine fatalities compared to COVID fatalities
Under 18	0.004%	Vaccine causes higher COVID death rate	Vaccine causes higher COVID death rate	51
18 to 29	0.005%	318,497	16	8
30 to 39	0.009%	164,538	15	7
40 to 49	0.017%	55,516	9	5
50 to 59	0.016%	11,760	2	1
60 to 69	0.026%	3,624	1	1
70 to 79	0.048%	1,300	1	0
80 to 89	0.057%	547	0	0

Summary Findings In summary, key findings in this paper include the following:

- For those under 18, the COVID jab increases their risk of dying from COVID-19; those under 18 are 51 times more likely to die from the jab than they are to die from COVID if not vaccinated.
- In those aged 18 to 29, the COVID jab is 16 times more likely to kill a person than save their life if they get COVID. They’re also eight times more likely to die from the jab than to die from COVID if not vaccinated.
- Those aged 30 to 39 are 15 times more likely to die from the COVID jab than prevent their death, and they’re seven times more likely to die from the inoculation than to die from COVID if not vaccinated.
- Those aged 40 to 49 are nine times more likely to die from the COVID jab than having it prevent their death, and they’re five times more likely to die from the jab than to die from COVID if not vaccinated.
- Those aged 50 to 59 are twice (2 times) more likely to die from the COVID inoculation than to prevent one COVID death, while their risk of dying from the jab or dying from COVID if unvaccinated is about the same. Only when you get into the 60 and older categories do the risks between the jab and COVID infection even out. In the 60 to 69 age group, the shot will kill one person for every person it saves from dying of COVID, so it’s a tossup as to whether it might be worth it for any given person.

Cost-Benefit Analysis Must Drive Public Health Policy Common sense tells us that COVID-19 vaccination policy ought to be rooted in a rational evaluation of the true costs and benefits, and to do that, we need to assess whether the jabs are beneficial or harmful, and to what extent. So far, governments have completely ignored the cost of this mass injection campaign, focusing solely on perceived or imagined (not proven) benefit. As a result, we’re looking at the worst public health disaster in known history. The greatest tragedy of all is that none of our public health officials has bothered to protect even the youngest among us. As of February 11, 2022, there were 34,223 COVID jab injury reports in the U.S. involving children under the age of 17. The OpenVAERS team recently started looking at injury reports in children aged 17 and younger, and to their shock, they found 34,223 U.S. reports involving this age group through February 11, 2022. You can find the Child’s Report [here](#).⁴ This is a staggering number, considering the 12- to 17-year-olds have only been eligible for the shot since May 2021, and 5- to 11-year-olds since October 2021.⁵

Pfizer Withdraws EUA Application for Children Under 5 Interestingly, February 11, 2022, Pfizer abruptly withdrew its Emergency Use Authorization (EUA) application for children under 5.^{6,7} The question is why? According to the U.S. Food and Drug Administration and Pfizer, they want to collect more data on the effects of a third dose, as two doses did not produce expected immunity in 2- to 5-year-olds.⁸ Three days later, former FDA Commissioner and current Pfizer board member Dr. Scott Gottlieb told CNBC⁹ the EUA application was pulled because COVID cases are so low among young children that the shot couldn’t be shown to provide much of a benefit. But according in an email notice to subscribers, OpenVAERS stated, “None of these explanations suffice because all of that information was known prior to Pfizer submitting this EUA to the FDA on February 1 [2022]. It makes one wonder whether adverse events in the treatment group might be the factor that neither Pfizer nor the FDA want to talk about?” In related news, Jessica Rose, Ph.D., a research fellow at the Institute for Pure and Applied Knowledge in Israel, highlighted a February 5, 2022, Freedom of Information Request sent to the Therapeutic Goods Administration (TGA), the

Australian equivalent of the FDA.¹⁰ The inquiry asked for documents relating to the TGA's assessment of:

- The presence and risk of micro-RNA sequences within the Comirnaty mRNA active ingredient (the mRNA genomic sequence)
- The presence and risk of oncomirs (cancer-causing micro-RNA) in Comirnaty
- The presence and risk of stop codon read-through (suppression of codon activity) arising as a result of the use of pseudouridine in Comirnaty
- The composition of the final protein product (molecular weight and amino acid sequence) produced following injection of the Comirnaty mRNA product in human subjects
- The risk of the use of AES-mtRNR1 3' untranslated region of the Comirnaty mRNA product in human subjects

As it turns out, the TGA has none of these documents, because they've not assessed any of these risks. Why does this matter? Well, as explained by Rose: "Micro-RNA (miRNAs) are small (20-22 nucleotides) single-stranded non-coding RNA molecules that function to interrupt or suppress gene expression at transcriptional or translational levels to regulate gene expression." Considering micro-RNA can alter gene expression, wouldn't we want to know if micro-RNAs are present in the shot, considering we're injecting hundreds of millions of people, including teenagers and children? The same goes for oncomirs, the suppression of codon activity, protein products and the rest. "Stephanie Seneff has warned¹¹ of two miRNAs that disrupt the type-1 interferon response in any cell, including immune cells: miR-148a and miR-590," Rose continues. "I don't know what potential connections there are here yet, but it is safe to say that any tech that involves the introduction of foreign mRNA to be mass-produced by human cells must be thoroughly safety tested. The fact that none of these documents 'exist' is proof positive that they either have no idea what the potential effects of what they made are because they did no bench work/investigations/studies, or, that they know and are hiding the results. Either choice is beyond criminal." The Critical Design Flaw In an August 2021 Substack article,¹² British cybersecurity researcher Ehden Biber homed in on the potential risks of using pseudouridine to optimize the codon. The COVID shots do not contain the identical mRNA found in the SARS-CoV-2 virus. The mRNA has been genetically manipulated in a process called "codon optimization," and this process is actually known to create unexpected and detrimental side effects. "How come Pfizer, Moderna, AstraZeneca, Janssen etc. are using a technology that both they and the regulators know will cause unknown results?" Biber asked. The reason codon optimization was used is because it's pretty difficult to get your body to produce a given protein by injecting mRNA. It's a slow and generally inefficient process. In order for the injection to work, they need higher levels of protein expression than is naturally possible. Scientists bypass this problem by making substitutions in the genetic instructions. They've discovered that you can swap out certain nucleotides (three nucleotides make up a codon) and still end up with the same protein in the end. But the increased efficiency comes at a terrible cost. When substituting parts of the code in this way, the resulting protein can easily get misfolded, and this has been linked to a variety of chronic diseases,¹³ including Alzheimer's, Parkinson's disease and heart failure.¹⁴ As explained by Biber:¹⁵ "Turns out the protein which was manufactured when codon optimization has different ways it folds and a different 3D shape, and it 'could cause immunogenicity, for example, which wouldn't be seen until late-stage clinical trials or even after approval.' This statement relates to the NORMAL approval cycle. The COVID vaccines went via an accelerated one." Now, the FDA has been fully aware of these problems since 2011, when Chava Kimchi Sarfaty, Ph.D., a principal investigator at the FDA, stated that "We do not believe that you can optimize codons and have the protein behave as it did in its native form." She went on to warn, "The changed form could cause immunogenicity, for example, which wouldn't be seen until late-stage clinical trials or even after approval."¹⁶ If the FDA knew all this back in 2011, why have they not raised objections against codon optimization being used in the making of the COVID jabs? The same question needs to be asked of the Australian TGA. The FOIA requester was likely thinking of the March 2021 paper, "BNT162b2 Vaccine: Possible Codons Misreading, Errors in Protein Synthesis and Alternative Splicing Anomalies"¹⁷ when they put together that inquiry, because that paper highlights Pfizer's extensive codon optimization using pseudouridine, which has known adverse effects, as well as the use of 3'-UTR sequence, the consequences of which are still unknown. The fact that the TGA has no data on the risks of these modifications just goes to show that they, like the U.S. FDA, are not

actually working to ensure these jabs are safe. They're protecting the profits of the drug companies. Pfizer even admits, in its BNT162b2/Comirnaty Risk Management Plan submitted to the FDA to get EUA, that the codon optimization they did resulted in elevated gamma-glutamyl transferase (GGT),¹⁸ which is an early marker of heart failure. Elevated GGT is also an indicator of insulin resistance, cardiometabolic disease,¹⁹ liver disease²⁰ and chronic kidney disease.²¹ That alone should have raised some questions, were the FDA actually looking out for public health. All in all, there's more reason than ever to question the COVID jab mandates and the use of these shots in children.

3.

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

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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.

jkskirkland@outlook.com <mailto:jkskirkland@outlook.com>

From: JANENE KOCH
Sent: 3/3/2022 8:02:41 PM
To: DOH WSBOH
Cc:
Subject: Covid shots for children

External Email

I am firmly opposed to mandating Covid shots for children. This is an experimental drug with many adverse side effects which far outweigh the supposed benefits for a youthful population having already low propensity for contracting Covid.

From: cassie52789
Sent: 3/2/2022 8:45:40 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I hope the board does not take this decision lightly. I pulled my son from public school and he has homeschooled these last 2 years. I fully intend to send him back along with his brother who will be 5. Unless the state requires the vaccine. It's so heartbreaking that our own life lays in the hands of a handful of people. We no longer get to chose what we put in our bodies or our children's? If the covid vaccine is mandatory it only makes sense to do the same for the flu. Otherwise you continue the wheel of hypocrisy and distrust in how you are running our state into the ground.

A concerned parent who used to be proud to be a WA resident and would love to be able to again. Give your people back the choice.

Sent from my Galaxy

From: Dr. Lisa DVM
Sent: 3/2/2022 5:49:13 PM
To: DOH WSBOH
Cc:
Subject: Please do not mandate COVID-19 injection for children in Washington



attachments\41A926469EA84E5D_viruses-13-02056-v2 (1).pdf



attachments\F3083593E9E24982_cimb-44-00073.pdf



attachments\11FE280B856B458F_Pathophysiologic alterations post vaccine.pdf



attachments\741E7673BBAD4C4F_Seneff&Nigh+June+16,+2021.pdf

External Email

Dear WA State Board of Health,

Thank you so much for taking your time to consider the pros and cons of the Covid19 injection in children. Your decision has consequences that will not be known for many years, although, if you are still seriously considering adding this injection to the list of mandated childhood vaccines for WA state children, you need further information to dissuade this potentially life altering decision.

The Covid-19 injection no longer provides coverage for the current variant. It is like suggesting someone take the flu vaccine formulated for 2 years ago. Also, after over 2 years of exposure to Covid-19 many children have natural immunity. On this basis alone it doesn't make sense. But let's delve into some of the latest findings of some of the more concerning issues.

Attached are just a few research articles that cover some of the present points in understanding. The first attachment shows pathologic aberrations in electrolytes, kidney function and A1C levels in healthy participants. It brings to question and requires further research. What is happening to the kidneys and pancreas (especially developing organs in children) post vaccine?

The 2nd attachment is research that indicates "Our findings provide evidence of the spike protein hijacking the DNA damage repair machinery and adaptive immune machinery in vitro. We propose a potential mechanism

by which spike proteins may impair adaptive immunity by inhibiting DNA damage repair." Doesn't this worry any of you?

The 3rd attachment is the latest research demonstrating that "Our study is the first in vitro study on the effect of COVID-19 mRNA vaccine BNT162b2 on human liver cell line. We present evidence on fast entry of BNT162b2 into the cells and subsequent intracellular reverse transcription of BNT162b2 mRNA into DNA."

I realize the 4th attachment is massive but easy to scroll through to look at almost any issue of pathology related to the Covid19 injection – such as myocarditis, prion forming diseases, various clotting and bleeding pathologies, autoimmune disease, ADE etc etc. For sure take a look at the conclusion guidance.

Finally, due to the high uptake of the lipid nanoparticle into lymph and reproductive tissue – reproductive effects will be studied for years to come. The lipid nano-particle contains the mRNA which instructs the DNA to make spike protein which is inflammatory. Any inflammation in reproductive tissue is a problem for reproduction. Several short sighted (because we really are only 1 ½ years into this clinical trial) articles are stating that the Covid-19 vaccines do not affect fertility. Please watch these presentations focused on reproductive health and the Covid19 injection

<https://www.lifesitenews.com/conference-stop-the-shot/stop-the-shot-8-19/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fconference-stop-the-shot%2Fstop-the-shot-8-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fconference-stop-the-shot%2Fstop-the-shot-8-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0066647e4ac3444af28f08d9fcb78d30%7C11d0e2)

[19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0066647e4ac3444af28f08d9fcb78d30%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fconference-stop-the-shot%2Fstop-the-shot-8-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0066647e4ac3444af28f08d9fcb78d30%7C11d0e2)

The presentations start at the 1 hour mark and involve discussions by reproductive specialists. There is a real question here. What will happen to the developing reproductive system of young children when artificially produced spike protein concentrates in the gonadal tissue?

Also disturbingly the lipid nanoparticle allows the mRNA to enter the brain. We cannot know yet what this will do to developing nervous systems.

Thank you once again for your close attention to this decision.

Sincerely,

Dr. Lisa Brien

Article

SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

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Abstract: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to the coronavirus disease 2019 (COVID-19) pandemic, severely affecting public health and the global economy. Adaptive immunity plays a crucial role in fighting against SARS-CoV-2 infection and directly influences the clinical outcomes of patients. Clinical studies have indicated that patients with severe COVID-19 exhibit delayed and weak adaptive immune responses; however, the mechanism by which SARS-CoV-2 impedes adaptive immunity remains unclear. Here, by using an in vitro cell line, we report that the SARS-CoV-2 spike protein significantly inhibits DNA damage repair, which is required for effective V(D)J recombination in adaptive immunity. Mechanistically, we found that the spike protein localizes in the nucleus and inhibits DNA damage repair by impeding key DNA repair protein BRCA1 and 53BP1 recruitment to the damage site. Our findings reveal a potential molecular mechanism by which the spike protein might impede adaptive immunity and underscore the potential side effects of full-length spike-based vaccines.



Citation: Jiang, H.; Mei, Y.-F. SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro. *Viruses* **2021**, *13*, 2056. <https://doi.org/10.3390/v13102056>

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Keywords: SARS-CoV-2; spike; DNA damage repair; V(D)J recombination; vaccine

1. Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is responsible for the ongoing coronavirus disease 2019 (COVID-19) pandemic that has resulted in more than 2.3 million deaths. SARS-CoV-2 is an enveloped single positive-sense RNA virus that consists of structural and non-structural proteins [1]. After infection, these viral proteins hijack and dysregulate the host cellular machinery to replicate, assemble, and spread progeny viruses [2]. Recent clinical studies have shown that SARS-CoV-2 infection extraordinarily affects lymphocyte number and function [3–6]. Compared with mild and moderate survivors, patients with severe COVID-19 manifest a significantly lower number of total T cells, helper T cells, and suppressor T cells [3,4]. Additionally, COVID-19 delays IgG and IgM levels after symptom onset [5,6]. Collectively, these clinical observations suggest that SARS-CoV-2 affects the adaptive immune system. However, the mechanism by which SARS-CoV-2 suppresses adaptive immunity remains unclear.

As two critical host surveillance systems, the immune and DNA repair systems are the primary systems that higher organisms rely on for defense against diverse threats and tissue homeostasis. Emerging evidence indicates that these two systems are interdependent, especially during lymphocyte development and maturation [7]. As one of the major double-strand DNA break (DSB) repair pathways, non-homologous end joining (NHEJ) repair plays a critical role in lymphocyte-specific recombination-activating gene endonuclease (RAG) –mediated V(D)J recombination, which results in a highly diverse repertoire of antibodies in B cell and T cell receptors (TCRs) in T cells [8]. For example, loss of function of key DNA repair proteins such as ATM, DNA-PKcs, 53BP1, et al., leads to defects in the NHEJ repair which inhibit the production of functional B and T cells, leading to immunodeficiency [7,9–11]. In contrast, viral infection usually induces DNA damage via

different mechanisms, such as inducing reactive oxygen species (ROS) production and host cell replication stress [12–14]. If DNA damage cannot be properly repaired, it will contribute to the amplification of viral infection-induced pathology. Therefore, we aimed to investigate whether SARS-CoV-2 proteins hijack the DNA damage repair system, thereby affecting adaptive immunity in vitro.

2. Materials and Methods

2.1. Antibodies and Reagents

DAPI (Cat #MBD0015), doxorubicin (Cat #D1515), H₂O₂ (Cat #H1009), and β -tubulin antibodies (Cat #T4026) were purchased from Sigma-Aldrich. Antibodies against His tag (Cat #12698), H2A (Cat #12349), H2A.X (Cat #7631), γ -H2A.X (Cat #2577), Ku80 (Cat # 2753), and Rad51 (Cat #8875) were purchased from Cell Signaling Technology (Danvers, MA, USA). 53BP1 (Cat #NB100-304) and RNF168 (Cat #H00165918-M01) antibodies were obtained from Novus Biologicals (Novus Biologicals, Littleton, CO, USA). Lamin B (Cat #sc-374015), ATM (Cat #sc-135663), DNA-PK (Cat #sc-5282), and BRCA1 (Cat #sc-28383) antibodies were purchased from Santa Cruz Biotechnology (Santa Cruz, CA, USA). XRCC4 (Cat #PA5-82264) antibody was purchased from Thermo Fisher Scientific (Waltham, MA, USA).

2.2. Plasmids

pHPRT-DRGFP and pCBASceI were kindly gifted by Maria Jasin (Addgene plasmids #26476 and #26477) [15]. pimEJ5GFP was a gift from Jeremy Stark (Addgene plasmid #44026) [16]. The NSP1, NSP9, NSP13, NSP14, NSP16, spike, and nucleocapsid proteins were first synthesized with codon optimization and then cloned into a mammalian expression vector pUC57 with a C-terminal 6xHis tag. A 12-spacer RSS-GFP inverted complementary sequence—a 23-spacer RSS was synthesized for the V(D)J reporter vector. Then, the sequence was cloned into the pBabe-IRES-mRFP vector to generate the pBabe-12RSS-GFPi-23RSS-IRES-mRFP reporter vector. 12-spacer RSS sequence: 5'-CACAGTGCTACAGACTGGAACAAAAACC-3'. 23-spacer RSS sequence: 5'-CACAGTGGTAGTACTCCACTGTCTGGCTGTACAAAAACC-3'. RAG1 and RAG2 expression constructs were generously gifted by Martin Gellert (Addgene plasmid #13328 and #13329) [17].

2.3. Cells and Cell Culture

HEK293T and HEK293 cells obtained from the American Type Culture Collection (ATCC) were cultured under 5% CO₂ at 37 °C in Dulbecco's modified Eagle's medium (DMEM, high glucose, GlutaMAX) (Life Technologies, Carlsbad, CA, USA) containing 10% (v/v) fetal calf serum (FCS, Gibco), 1% (v/v) penicillin (100 IU/mL), and streptomycin (100 µg/mL). HEK293T-DR-GFP and HEK293T-EJ5-GFP reporter cells were generated as previously described and cultured under 5% CO₂ at 37 °C in the above-mentioned culture medium.

2.4. HR and NHEJ Reporter Assays

HR and NHEJ repair in HEK293T cells were measured as described previously using DR-GFP and EJ5-GFP stable cells. Briefly, 0.5 × 10⁶ HEK293T stable reporter cells were seeded in 6-well plates and transfected with 2 µg I-SceI expression plasmid (pCBASceI) together with SARS-CoV-2 proteins expression plasmids. Forty-eight hours post-transfection and aspirin treatment, cells were harvested and analyzed by flow cytometry analysis for GFP expression. The means were obtained from three independent experiments.

2.5. Cellular Fractionation and Immunoblotting

For the cellular fraction assay, the Subcellular Protein Fractionation Kit (Thermo Fisher) was used according to the manufacturer's instructions. Protein lysates were quantified using the BCA reagent (Thermo Fisher Scientific, Rockford, IL, USA). Proteins were resolved

by sodium dodecyl sulfate–polyacrylamide gel electrophoresis (SDS–PAGE), transferred to nitrocellulose membranes (Amersham protran, 0.45 μ m NC), and immunoblotted with specific primary antibodies followed by HRP–conjugated secondary antibodies. Protein bands were detected using SuperSignal West Pico or Femto Chemiluminescence kit (Thermo Fisher Scientific).

2.6. Comet Assay

Cells were treated with different DNA damage reagents and then harvested at the indicated time points for analysis. Cells (1×10^5 cells/mL in cold phosphate-buffered saline [PBS]) were resuspended in 1% low-melting agarose at 40 °C at a ratio of 1:3 vol/vol and pipetted onto a CometSlide. Slides were then immersed in prechilled lysis buffer (1.2 M NaCl, 100 mM EDTA, 0.1% sodium lauryl sarcosinate, 0.26 M NaOH pH > 13) for overnight (18–20 h) lysis at 4 °C in the dark. Slides were then carefully removed and submerged in rinse buffer (0.03 M NaOH and 2 mM EDTA, pH > 12) at room temperature (RT) for 20 min in the dark. This washing step was repeated twice. The slides were transferred to a horizontal electrophoresis chamber containing rinse buffer and separated for 25 min at a voltage of 0.6 V/cm. Finally, the slides were washed with distilled water, stained with 10 μ g/mL propidium iodide, and analyzed by fluorescence microscopy. Twenty fields with approximately 100 cells in each sample were evaluated and quantified using the Fiji software to determine the tail length (tail moment).

2.7. Immunofluorescence

Cells were seeded on glass coverslips in a 12-well plate and transfected with the indicated plasmid for 24 h. Then, the cells were treated with or without DNA damage reagents according to the experimental setup. The cells were fixed in 4% paraformaldehyde (PFA) in PBS for 20 min at RT and then permeabilized in 0.5% Triton X-100 for 10 min. Slides were blocked in 5% normal goat serum (NGS) and incubated with primary antibodies diluted in 1% NGS overnight at 4 °C. Samples were then incubated with the indicated secondary antibodies labeled with Alexa Fluor 488 or 555 (Invitrogen) diluted in 1% NGS at RT for 1 h. Thereafter, they were stained with DAPI for 15 min at RT. Coverslips were mounted using Dako Fluorescence Mounting Medium (Agilent) and imaged using a Nikon confocal microscope (Eclipse C1 Plus). All scoring was performed under blinded conditions.

2.8. Analysis of V(D)J Recombination

Briefly, V(D)J reporter plasmid contains inverted-GFP and IRES driving continuously expressed RFP. Continuously expressed RFP is the internal transfection control. After Recombination activation gene1/2 (RAG1/2) co-transfected into the cells, RAG1/2 will cut the RSS and mediated induction of DSBs, if V(D)J recombination occurs, the inverted GFPs are ligated in positive order by NHEJ repair. Then the cell will express functional GFP. So, the GFP and RFP double positive cells are the readout of the V(D)J reporter assay [18]. 293T cells at 70% confluency were transfected with the V(D)J GFP reporter alone (background) or in combination with RAG1 and RAG2 expression constructs, at a ratio of 1 μ g V(D)J GFP reporter: 0.5 μ g RAG1: 0.5 μ g RAG2. The following day, the medium was changed, and after an additional 48 h, cells were harvested and analyzed by flow cytometry for GFP and RFP expression.

2.9. Statistical Analysis

All experiments were repeated at least three times using independently collected or prepared samples. Data were analyzed by Student's t test or ANOVA followed by Tukey's multiple-comparison tests using GraphPad 8.

3. Results

3.1. Effect of Nuclear-Localized SARS-CoV-2 Viral Proteins on DNA Damage Repair

DNA damage repair occurs mainly in the nucleus to ensure genome stability. Although SARS-CoV-2 proteins are synthesized in the cytosol [1], some viral proteins are also detectable in the nucleus, including Nsp1, Nsp5, Nsp9, Nsp13, Nsp14, and Nsp16 [19]. We investigated whether these nuclear-localized SARS-CoV-2 proteins affect the host cell DNA damage repair system. For this, we constructed these viral protein expression plasmids together with spike and nucleoprotein expression plasmids, which are generally considered cytosol-localized proteins. We confirmed their expression and localization by immunoblotting and immunofluorescence (Figures 1A and S1A). Our results were consistent with those from previous studies [19]; Nsp1, Nsp5, Nsp9, Nsp13, Nsp14, and Nsp16 proteins are indeed localized in the nucleus, and nucleoproteins are mainly localized in the cytosol. Surprisingly, we found the abundance of the spike protein in the nucleus (Figure 1A). NHEJ repair and homologous recombination (HR) repair are two major DNA repair pathways that not only continuously monitor and ensure genome integrity but are also vital for adaptive immune cell functions [9]. To evaluate whether these viral proteins impede the DSB repair pathway, we examined the repair of a site-specific DSB induced by the I-SceI endonuclease using the direct repeat-green fluorescence protein (DR-GFP) and the total-NHEJ-GFP (EJ5-GFP) reporter systems for HR and NHEJ, respectively [15,16]. Overexpression of Nsp1, Nsp5, Nsp13, Nsp14, and spike proteins diminished the efficiencies of both HR and NHEJ repair (Figures 1B–E and S2A,B). Moreover, we also found that Nsp1, Nsp5, Nsp13, and Nsp14 overexpression dramatically suppressed proliferation compared with other studied proteins (Figure S3A,B). Therefore, the inhibitory effect of Nsp1, Nsp5, Nsp13, and Nsp14 on DNA damage repair may be due to secondary effects, such as growth arrest and cell death. Interestingly, overexpressed spike protein did not affect cell morphology or proliferation but significantly suppressed both HR and NHEJ repair (Figures 1B–E, S2A,B and S3A,B).

3.2. SARS-CoV-2 Spike Protein Inhibits DNA Damage Repair

Because spike proteins are critical for mediating viral entry into host cells and are the focus of most vaccine strategies [20,21], we further investigated the role of spike proteins in DNA damage repair and its associated V(D)J recombination. Spike proteins are usually thought to be synthesized on the rough endoplasmic reticulum (ER) [1]. After posttranslational modifications such as glycosylation, spike proteins traffic via the cellular membrane apparatus together with other viral proteins to form the mature virion [1]. Spike protein contains two major subunits, S1 and S2, as well as several functional domains or repeats [22] (Figure 2A). In the native state, spike proteins exist as inactive full-length proteins. During viral infection, host cell proteases such as furin protease activate the S protein by cleaving it into S1 and S2 subunits, which is necessary for viral entry into the target cell [23]. We further explored different subunits of the spike protein to elucidate the functional features required for DNA repair inhibition. Only the full-length spike protein strongly inhibited both NHEJ and HR repair (Figures 2B–E and S4A,B). Next, we sought to determine whether the spike protein directly contributes to genomic instability by inhibiting DSB repair. We monitored the levels of DSBs using comet assays. Following different DNA damage treatments, such as γ -irradiation, doxorubicin treatment, and H₂O₂ treatment, there is less repair in the presence of the spike protein (Figure 2F,G). Together, these data demonstrate that the spike protein directly affects DNA repair in the nucleus.

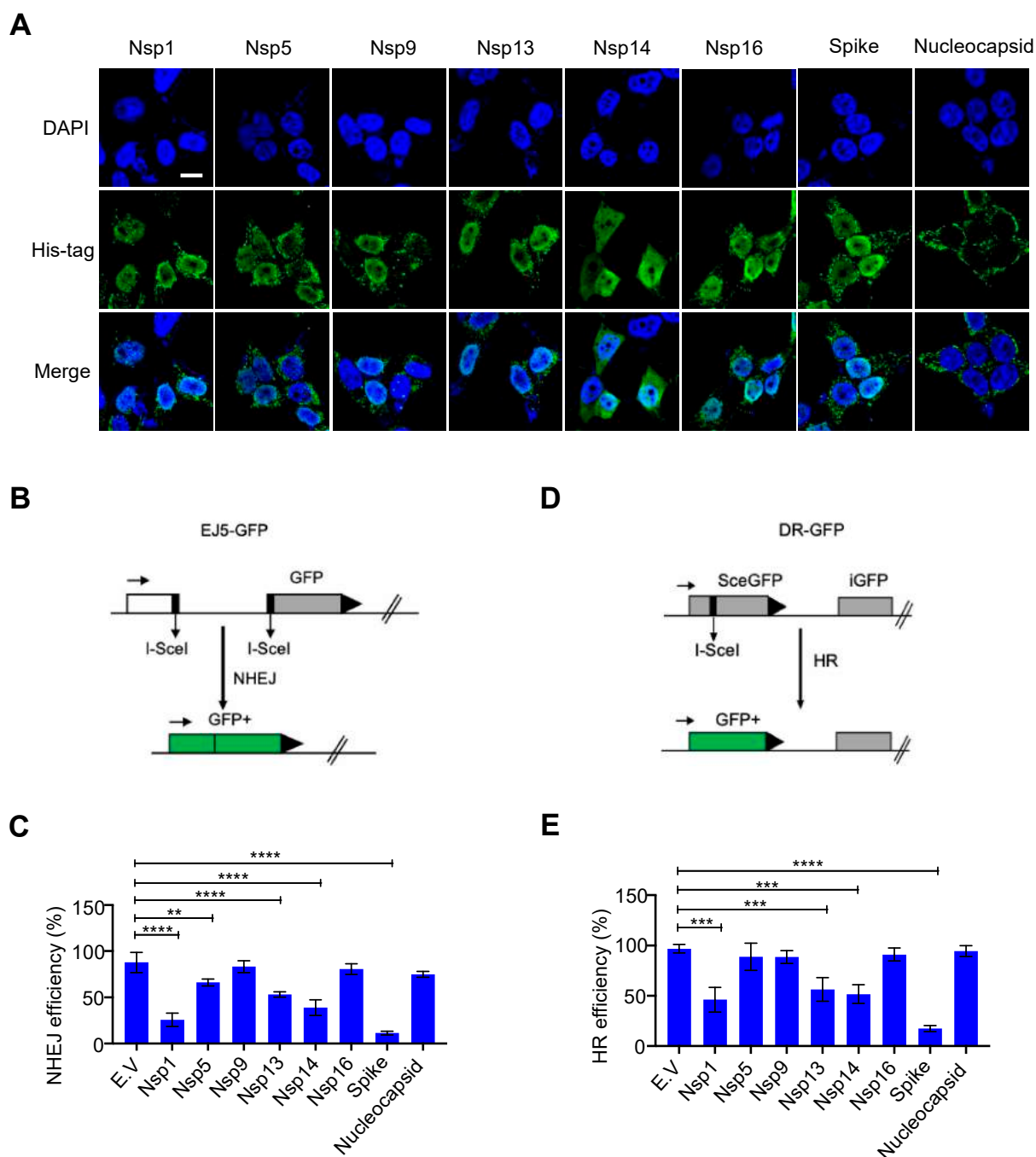


Figure 1. Effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nuclear-localized proteins on DNA damage repair. (A) Subcellular distribution of the SARS-CoV-2 proteins. Immunofluorescence was performed at 24 h after transfection of the plasmid expressing the viral proteins into HEK293T cells. Scale bar: 10 μ m. (B) Schematic of the EJ5-GFP reporter used to monitor non-homologous end joining (NHEJ). (C) Effect of empty vector (E.V) and SARS-CoV-2 proteins on NHEJ DNA repair. The values represent the mean \pm standard deviation (SD) from three independent experiments (see representative FACS plots in Figure S2A). (D) Schematic of the DR-GFP reporter used to monitor homologous recombination (HR). (E) Effect of E.V and SARS-CoV-2 proteins on HR DNA repair. The values represent the mean \pm SD from three independent experiments (see representative FACS plots in Figure S2B). The values represent the mean \pm SD, $n = 3$. Statistical significance was determined using one-way analysis of variance (ANOVA) in (C,E). ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$.

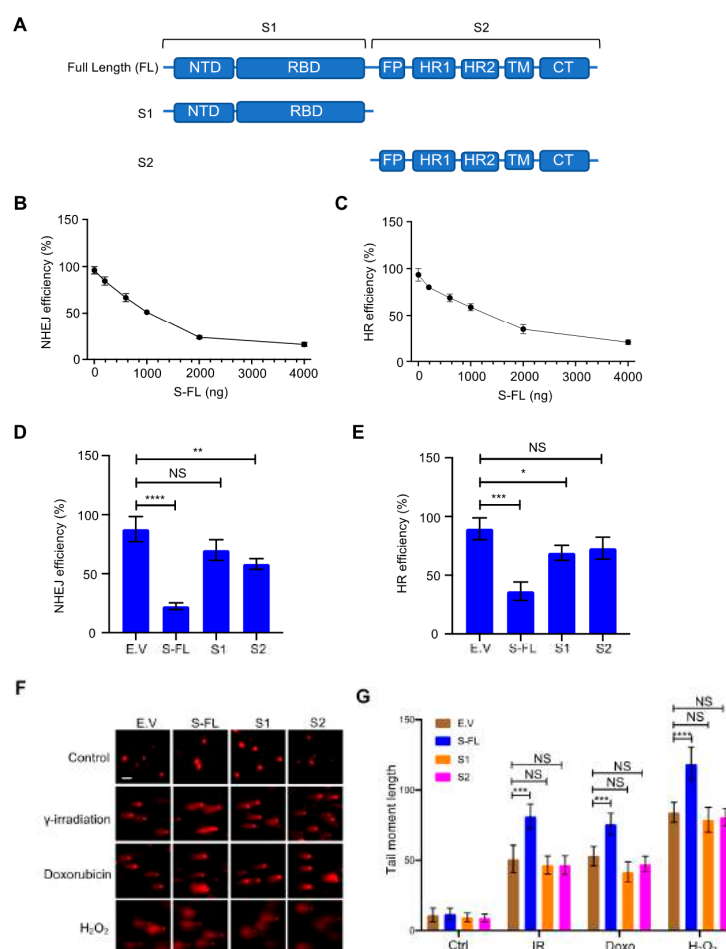


Figure 2. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike protein inhibits DNA damage repair. **(A)** Schematic of the primary structure of the SARS-CoV-2 spike protein. The S1 subunit includes an N-terminal domain (NTD, 14–305 residues) and a receptor-binding domain (RBD, 319–541 residues). The S2 subunit consists of the fusion peptide (FP, 788–806 residues), heptapeptide repeat sequence 1 (HR1, 912–984 residues), HR2 (1163–1213 residues), TM domain (TM, 1213–1237 residues), and cytoplasm domain (CT, 1237–1273 residues). **(B,C)** Effect of titrated expression of the spike protein on DNA repair in HEK-293T cells. **(D,E)** Only full-length spike protein inhibits non-homologous end joining (NHEJ) and homologous recombination (HR) DNA repair. The values represent the mean \pm SD from three independent experiments (see representative FACS plots in Figure S4A,B). **(F)** Full-length spike (S-FL) protein-transfected HEK293T cells exhibited more DNA damage than empty vector-, S1-, and S2-transfected cells under different DNA damage conditions. For doxorubicin: 4 μ g/mL, 2 h. For γ -irradiation: 10 Gy, 30 min. For H_2O_2 : 100 μ M, 1 h. Scale bar: 50 μ m. **(G)** Corresponding quantification of the comet tail moments from 20 different fields with $n > 200$ comets of three independent experiments. Statistical significance was assessed using a two-way analysis of variance (ANOVA). NS (Not Significant): * $p > 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$.

3.3. Spike Proteins Impede the Recruitment of DNA Damage Repair Checkpoint Proteins

To confirm the existence of spike protein in the nucleus, we performed subcellular fraction analysis and found that spike proteins are not only enriched in the cellular membrane fraction but are also abundant in the nuclear fraction, with detectable expression even in the chromatin-bound fraction (Figure 3A). We also observed that the spike has three different forms, the higher band is a highly glycosylated spike, the middle one is a full-length spike, and the lower one is a cleaved spike subunit. Consistent with the comet assay, we also found the upregulation of the DNA damage marker, γ -H2A.X, in spike

protein-overexpressed cells under DNA damage conditions (Figure 3B). A recent study suggested that spike proteins induce ER stress and ER-associated protein degradation [24]. To exclude the possibility that the spike protein inhibits DNA repair by promoting DNA repair protein degradation, we checked the expression of some essential DNA repair proteins in NHEJ and HR repair pathways and found that these DNA repair proteins were stable after spike protein overexpression (Figure 3C). To determine how the spike protein inhibits both NHEJ and HR repair pathways, we analyzed the recruitment of BRCA1 and 53BP1, which are the key checkpoint proteins for HR and NHEJ repair, respectively. We found that the spike protein markedly inhibited both BRCA1 and 53BP1 foci formation (Figure 3D–G). Together, these data show that the SARS-CoV-2 full-length spike protein inhibits DNA damage repair by hindering DNA repair protein recruitment.

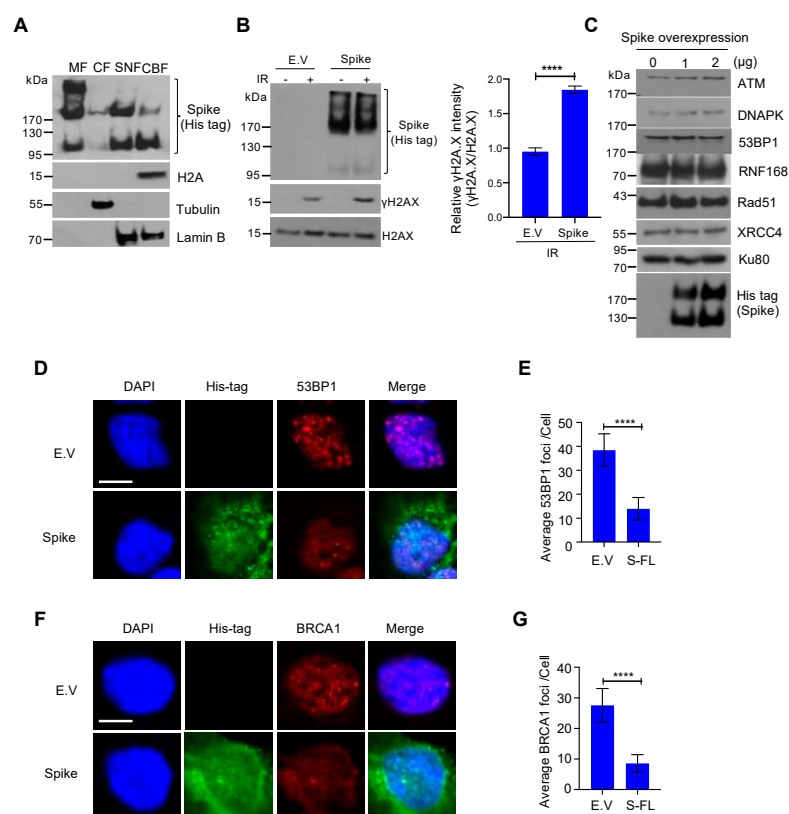


Figure 3. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike protein impedes the recruitment of DNA damage repair checkpoint proteins. (A) Membrane fraction (MF), cytosolic fraction (CF), soluble nuclear fraction (SNF), and chromatin-bound fraction (CBF) from HEK293T cells transfected with SARS-CoV-2 spike protein were immunoblotted for His-tag spike and indicated proteins. (B) Left: Immunoblots of DNA damage marker γH2AX in empty vector (E.V)- and spike protein-expressing HEK293T cells after 10 Gy γ-irradiation. Right: corresponding quantification of immunoblots in left. The values represent the mean ± SD ($n = 3$). Statistical significance was determined using Student's t -test. **** $p < 0.0001$. (C) Immunoblots of DNA damage repair related proteins in spike protein-expressing HEK293T cells. (D) Representative images of 53BP1 foci formation in E.V- and spike protein-expressing HEK293 cells exposed to 10 Gy γ-irradiation. Scale bar: 10 μm. (E) Quantitative analysis of 53BP1 foci per nucleus. The values represent the mean ± SEM, $n = 50$. (F) BRCA1 foci formation in empty vector- and spike protein-expressing HEK293 cells exposed to 10 Gy γ-irradiation. Scale bar: 10 μm. (G). Quantitative analysis of BRCA1 foci per nucleus. The values represent the mean ± SEM, $n = 50$. Statistical significance was determined using Student's t -test. **** $p < 0.0001$.

3.4. Spike Protein Impairs V(D)J Recombination *In vitro*

DNA damage repair, especially NHEJ repair, is essential for V(D)J recombination, which lies at the core of B and T cell immunity [9]. To date, many approved SARS-CoV-2 vaccines, such as mRNA vaccines and adenovirus-COVID-19 vaccines, have been developed based on the full-length spike protein [25]. Although it is debatable whether SARS-CoV-2 directly infects lymphocyte precursors [26,27], some reports have shown that infected cells secrete exosomes that can deliver SARS-CoV-2 RNA or protein to target cells [28,29]. We further tested whether the spike protein reduced NHEJ-mediated V(D)J recombination. For this, we designed an *in vitro* V(D)J recombination reporter system according to a previous study [18] (Figure S5). Compared with the empty vector, spike protein overexpression inhibited RAG-mediated V(D)J recombination in this *in vitro* reporter system (Figure 4).

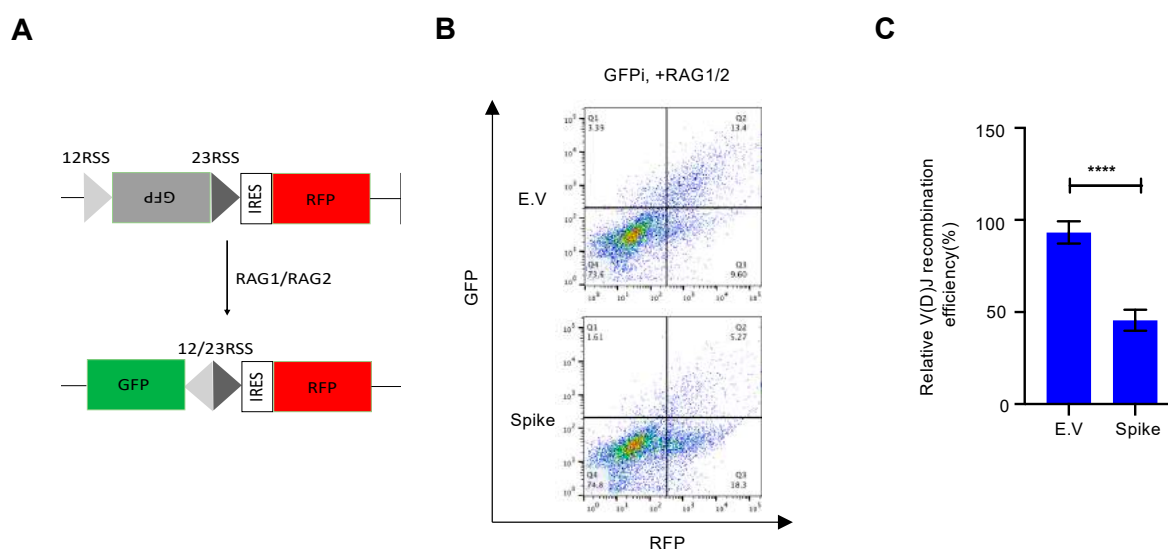


Figure 4. Spike protein impairs V(D)J recombination *in vitro*. (A) Schematic of the V(D)J reporter system. (B) Representative plots of flow cytometry show that the SARS-CoV-2 spike protein impedes V(D)J recombination *in vitro*. (C) Quantitative analysis of relative V(D)J recombination. The values represent the mean \pm SD, $n = 3$. Statistical significance was determined using Student's *t*-test. **** $p < 0.0001$.

4. Discussion

Our findings provide evidence of the spike protein hijacking the DNA damage repair machinery and adaptive immune machinery *in vitro*. We propose a potential mechanism by which spike proteins may impair adaptive immunity by inhibiting DNA damage repair. Although no evidence has been published that SARS-CoV-2 can infect thymocytes or bone marrow lymphoid cells, our *in vitro* V(D)J reporter assay shows that the spike protein intensely impeded V(D)J recombination. Consistent with our results, clinical observations also show that the risk of severe illness or death with COVID-19 increases with age, especially older adults who are at the highest risk [22]. This may be because SARS-CoV-2 spike proteins can weaken the DNA repair system of older people and consequently impede V(D)J recombination and adaptive immunity. In contrast, our data provide valuable details on the involvement of spike protein subunits in DNA damage repair, indicating that full-length spike-based vaccines may inhibit the recombination of V(D)J in B cells, which is also consistent with a recent study that a full-length spike-based vaccine induced lower antibody titers compared to the RBD-based vaccine [28]. This suggests that the use of antigenic epitopes of the spike as a SARS-CoV-2 vaccine might be safer and more efficacious than the full-length spike. Taken together, we identified one of the potentially important mechanisms of SARS-CoV-2 suppression of the host adaptive immune machinery. Furthermore, our findings also imply a potential side effect of the

full-length spike-based vaccine. This work will improve the understanding of COVID-19 pathogenesis and provide new strategies for designing more efficient and safer vaccines.

Supplementary Materials: The following are available online at <https://www.mdpi.com/article/10.3390/v13102056/s1>, Figure S1: Expression of nuclear-localized SARS-CoV-2 proteins in human cells, Figure S2: Effect of nuclear SARS-CoV-2 proteins on NHEJ- and HR-DNA repair pathway, Figure S3: Nsp1, Nsp5, Nsp13, Nsp14 but not spike inhibit cell proliferation, Figure S4: Effect of SARS-CoV-2 spike mutants on NHEJ- and HR- DNA repair pathway, Figure S5: In vitro V(D)J recombination assay.

Author Contributions: H.J. conceived and designed the study. H.J. and Y.-F.M. supervised the study, performed experiments, and interpreted the data. Writing—original draft preparation, H.J.; Writing—review and editing, H.J. and Y.-F.M.; funding acquisition, Y.-F.M. All authors have read and agreed to the published version of the manuscript.

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Article

Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

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Abstract: Preclinical studies of COVID-19 mRNA vaccine BNT162b2, developed by Pfizer and BioNTech, showed reversible hepatic effects in animals that received the BNT162b2 injection. Furthermore, a recent study showed that SARS-CoV-2 RNA can be reverse-transcribed and integrated into the genome of human cells. In this study, we investigated the effect of BNT162b2 on the human liver cell line Huh7 in vitro. Huh7 cells were exposed to BNT162b2, and quantitative PCR was performed on RNA extracted from the cells. We detected high levels of BNT162b2 in Huh7 cells and changes in gene expression of long interspersed nuclear element-1 (LINE-1), which is an endogenous reverse transcriptase. Immunohistochemistry using antibody binding to LINE-1 open reading frame-1 RNA-binding protein (ORFp1) on Huh7 cells treated with BNT162b2 indicated increased nucleus distribution of LINE-1. PCR on genomic DNA of Huh7 cells exposed to BNT162b2 amplified the DNA sequence unique to BNT162b2. Our results indicate a fast up-take of BNT162b2 into human liver cell line Huh7, leading to changes in LINE-1 expression and distribution. We also show that BNT162b2 mRNA is reverse transcribed intracellularly into DNA in as fast as 6 h upon BNT162b2 exposure.

Keywords: COVID-19 mRNA vaccine; BNT162b2; liver; reverse transcription; LINE-1; Huh7



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1. Introduction

Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was announced by the World Health Organization (WHO) as a global pandemic on 11 March 2020, and it emerged as a devastating health crisis. As of February 2022, COVID-19 has led to over 430 million reported infection cases and 5.9 million deaths worldwide [1]. Effective and safe vaccines are urgently needed to reduce the morbidity and mortality rates associated with COVID-19.

Several vaccines for COVID-19 have been developed, with particular focus on mRNA vaccines (by Pfizer-BioNTech and Moderna), replication-defective recombinant adenoviral vector vaccines (by Janssen-Johnson and Johnson, Astra-Zeneca, Sputnik-V, and CanSino), and inactivated vaccines (by Sinopharm, Bharat Biotech and Sinovac). The mRNA vaccine has the advantages of being flexible and efficient in immunogen design and manufacturing, and currently, numerous vaccine candidates are in various stages of development and application. Specifically, COVID-19 mRNA vaccine BNT162b2 developed by Pfizer and BioNTech has been evaluated in successful clinical trials [2–4] and administered in national COVID-19 vaccination campaigns in different regions around the world [5–8].

BNT162b2 is a lipid nanoparticle (LNP)-encapsulated, nucleoside-modified RNA vaccine (modRNA) and encodes the full-length of SARS-CoV-2 spike (S) protein, modified

by two proline mutations to ensure antigenically optimal pre-fusion conformation, which mimics the intact virus to elicit virus-neutralizing antibodies [3]. Consistent with randomized clinical trials, BNT162b2 showed high efficiency in a wide range of COVID-19-related outcomes in a real-world setting [5]. Nevertheless, many challenges remain, including monitoring for long-term safety and efficacy of the vaccine. This warrants further evaluation and investigations. The safety profile of BNT162b2 is currently only available from short-term clinical studies. Less common adverse effects of BNT162b2 have been reported, including pericarditis, arrhythmia, deep-vein thrombosis, pulmonary embolism, myocardial infarction, intracranial hemorrhage, and thrombocytopenia [4,9–20]. There are also studies that report adverse effects observed in other types of vaccines [21–24]. To better understand mechanisms underlying vaccine-related adverse effects, clinical investigations as well as cellular and molecular analyses are needed.

A recent study showed that SARS-CoV-2 RNAs can be reverse-transcribed and integrated into the genome of human cells [25]. This gives rise to the question of if this may also occur with BNT162b2, which encodes partial SARS-CoV-2 RNA. In pharmacokinetics data provided by Pfizer to European Medicines Agency (EMA), BNT162b2 biodistribution was studied in mice and rats by intra-muscular injection with radiolabeled LNP and luciferase modRNA. Radioactivity was detected in most tissues from the first time point (0.25 h), and results showed that the injection site and the liver were the major sites of distribution, with maximum concentrations observed at 8–48 h post-dose [26]. Furthermore, in animals that received the BNT162b2 injection, reversible hepatic effects were observed, including enlarged liver, vacuolation, increased gamma glutamyl transferase (γ GT) levels, and increased levels of aspartate transaminase (AST) and alkaline phosphatase (ALP) [26]. Transient hepatic effects induced by LNP delivery systems have been reported previously [27–30], nevertheless, it has also been shown that the empty LNP without modRNA alone does not introduce any significant liver injury [27]. Therefore, in this study, we aim to examine the effect of BNT162b2 on a human liver cell line in vitro and investigate if BNT162b2 can be reverse transcribed into DNA through endogenous mechanisms.

2. Materials and Methods

2.1. Cell Culture

Huh7 cells (JCRB Cell Bank, Osaka, Japan) were cultured in 37 °C at 5% CO₂ with DMEM medium (HyClone, HYCLSH30243.01) supplemented with 10% (*v/v*) fetal bovine serum (Sigma-Aldrich, F7524-500ML, Burlington, MA, USA) and 1% (*v/v*) Penicillin-Streptomycin (HyClone, SV30010, Logan, UT, USA). For BNT162b2 treatment, Huh7 cells were seeded with a density of 200,000 cells/well in 24-well plates. BNT162b2 mRNA vaccine (Pfizer BioNTech, New York, NY, USA) was diluted with sterile 0.9% sodium chloride injection, USP into a final concentration of 100 µg/mL as described in the manufacturer's guideline [31]. BNT162b2 suspension was then added in cell culture media to reach final concentrations of 0.5, 1.0, or 2.0 µg/mL. Huh7 cells were incubated with or without BNT162b2 for 6, 24, and 48 h. Cells were washed thoroughly with PBS and harvested by trypsinization and stored in –80 °C until further use.

2.2. REAL-TIME RT-QPCR

RNA from the cells was extracted with RNeasy Plus Mini Kit (Qiagen, 74134, Hilden, Germany) following the manufacturer's protocol. RT-PCR was performed using RevertAid First Strand cDNA Synthesis kit (Thermo Fisher Scientific, K1622, Waltham, MA, USA) following the manufacturers protocol. Real-time qPCR was performed using Maxima SYBR Green/ROX qPCR Master Mix (Thermo Fisher Scientific, K0222, Waltham, MA, USA) with primers for BNT162b2, *LINE-1* and housekeeping genes *ACTB* and *GAPDH* (Table 1).

Table 1. Primer sequences of RT-qPCR and PCR.

Target	Sequence
<i>ACTB</i> forward	CCTCGCCTTTGCCGATCC
<i>ACTB</i> reverse	GGATCTTCATGAGGTAGTCAGTC
<i>GAPDH</i> forward	CTCTGCTCCTCCTGTTTCGAC
<i>GAPDH</i> reverse	TTAAAAGCAGCCCTGGTGAC
<i>LINE-1</i> forward	TAACCAATACAGAGAAGTGC
<i>LINE-1</i> reverse	GATAATATCCTGCAGAGTGT
BNT162b2 forward	CGAGGTGGCCAAGAATCTGA
BNT162b2 reverse	TAGGCTAAGCGTTTTGAGCTG

2.3. Immunofluorescence Staining and Confocal Imaging

Huh7 cells were cultured in eight-chamber slides (LAB-TEK, 154534, Santa Cruz, CA, USA) with a density of 40,000 cells/well, with or without BNT162b2 (0.5, 1 or 2 µg/mL) for 6 h. Immunohistochemistry was performed using primary antibody anti-LINE-1 ORF1p mouse monoclonal antibody (Merck, 3574308, Kenilworth, NJ, USA), secondary antibody Cy3 Donkey anti-mouse (Jackson ImmunoResearch, West Grove, PA, USA), and Hoechst (Life technologies, 34850, Carlsbad, CA, USA), following the protocol from Thermo Fisher (Waltham, MA, USA). Two images per condition were taken using a Zeiss LSM 800 and a 63X oil immersion objective, and the staining intensity was quantified on the individual whole cell area and the nucleus area on 15 cells per image by ImageJ 1.53c. LINE-1 staining intensity for the cytosol was calculated by subtracting the intensity of the nucleus from that of the whole cell. All images of the cells were assigned a random number to prevent bias. To mark the nuclei (determined by the Hoechst staining) and the whole cells (determined by the borders of the LINE-1 fluorescence), the Freehand selection tool was used. These areas were then measured, and the mean intensity was used to compare the groups.

2.4. Genomic DNA Purification, PCR Amplification, Agarose Gel Purification, and Sanger Sequencing

Genomic DNA was extracted from cell pellets with PBDN buffer (10 mM Tris-HCl pH 8.3, 50 mM KCl, 2.5 mM MgCl₂, 0.45% NP-40, 0.45% Tween-20) according to protocol described previously [32]. To remove residual RNA from the DNA preparation, RNase (100 µg/mL, Qiagen, Hilden, Germany) was added to the DNA preparation and incubated at 37 °C for 3 h, followed by 5 min at 95 °C. PCR was then performed using primers targeting BNT162b2 (sequences are shown in Table 1), with the following program: 5 min at 95 °C, 35 cycles of 95 °C for 30 s, 58 °C for 30 s, and 72 °C for 1 min; finally, 72 °C for 5 min and 12 °C for 5 min. PCR products were run on 1.4% (*w/v*) agarose gel. Bands corresponding to the amplicons of the expected size (444 bps) were cut out and DNA was extracted using QIAquick PCR Purification Kit (Qiagen, 28104, Hilden, Germany), following the manufacturer's instructions. The sequence of the DNA amplicon was verified by Sanger sequencing (Eurofins Genomics, Ebersberg, Germany).

Statistics

Statistical comparisons were performed using two-tailed Student's *t*-test and ANOVA. Data are expressed as the mean ± SEM or ± SD. Differences with *p* < 0.05 are considered significant.

2.5. Ethical Statements

The Huh7 cell line was obtained from Japanese Collection of Research Bioresources (JCRB) Cell Bank.

3. Results

3.1. BNT162b2 Enters Human Liver Cell Line Huh7 Cells at High Efficiency

To determine if BNT162b2 enters human liver cells, we exposed human liver cell line Huh7 to BNT162b2. In a previous study on the uptake kinetics of LNP delivery in Huh7 cells, the maximum biological efficacy of LNP was observed between 4–7 h [33]. Therefore, in our study, Huh7 cells were cultured with or without increasing concentrations of BNT162b2 (0.5, 1.0 and 2.0 µg/mL) for 6, 24, and 48 h. RNA was extracted from cells and a real-time quantitative reverse transcription polymerase chain reaction (RT-qPCR) was performed using primers targeting the BNT162b2 sequence, as illustrated in Figure 1. The full sequence of BNT162b2 is publicly available [34] and contains a two-nucleotides cap; 5'-untranslated region (UTR) that incorporates the 5'-UTR of a human α -globin gene; the full-length of SARS-CoV-2 S protein with two proline mutations; 3'-UTR that incorporates the human mitochondrial 12S rRNA (mtRNR1) segment and human AES/TLE5 gene segment with two C→U mutations; poly(A) tail. Detailed analysis of the S protein sequence in BNT162b2 revealed 124 sequences that are 100% identical to human genomic sequences and three sequences with only one nucleotide (nt) mismatch in 19–26 nts (Table S1, see Supplementary Materials). To detect BNT162b2 RNA level, we designed primers with forward primer located in SARS-CoV-2 S protein regions and reverse primer in 3'-UTR, which allows detection of PCR amplicon unique to BNT162b2 without unspecific binding of the primers to human genomic regions.

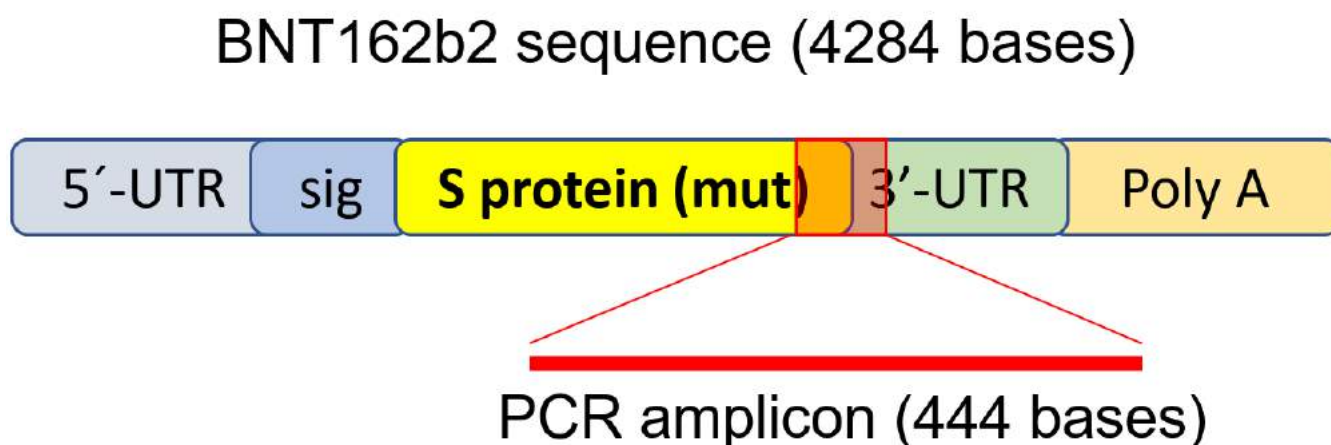


Figure 1. PCR primer set used to detect mRNA level and reverse-transcription of BNT162b2. Illustration of BNT162b2 was adapted from previously described literature [34].

RT-qPCR results showed that Huh7 cells treated with BNT162b2 had high levels of BNT162b2 mRNA relative to housekeeping genes at 6, 24, and 48 h (Figure 2, presented in logged $2^{-\Delta\Delta CT}$ due to exceptionally high levels). The three BNT162b2 concentrations led to similar intracellular BNT162b2 mRNA levels at the different time points, except that the significant difference between 1.0 and 2.0 µg/mL was observed at 48 h. BNT162b2 mRNA levels were significantly decreased at 24 h compared to 6 h, but increased again at 48 h.

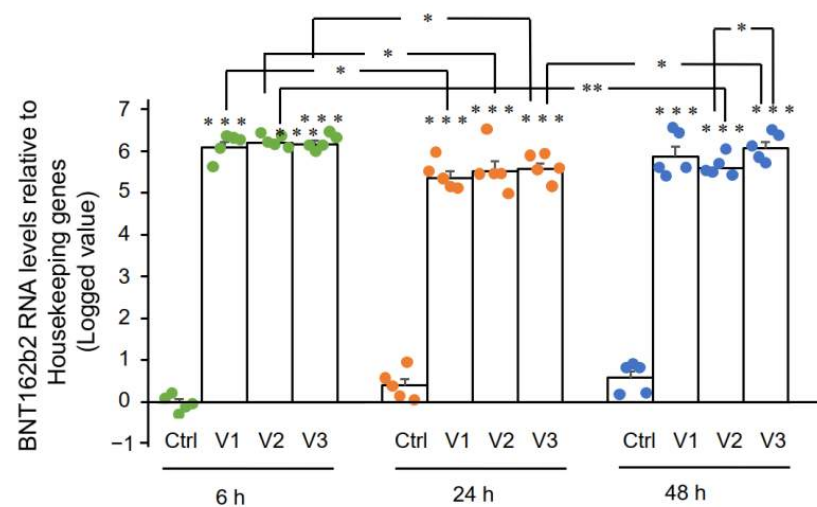


Figure 2. BNT162b2 mRNA levels in Huh7 cells treated with BNT162b2. Huh7 cells were treated without (Ctrl) or with 0.5 (V1), 1 (V2), and 2 $\mu\text{g}/\text{mL}$ (V3) of BNT162b2 for 6 (green dots), 24 (orange dots), and 48 h (blue dots). RNA was purified and qPCR was performed using primers targeting BNT162b2. RNA levels of BNT162b2 are presented as logged $2^{-\Delta\Delta\text{CT}}$ values relative to house-keeping genes *GAPDH* and *ACTB*. Results are from five independent experiments ($n = 5$). Differences between respective groups were analyzed using two-tailed Student's *t*-test. Data are expressed as the mean \pm SEM. (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ vs. respective control at each time point, or as indicated).

3.2. Effect of BNT162b2 on Human Endogenous Reverse Transcriptase Long Interspersed Nuclear Element-1 (*LINE-1*)

Here we examined the effect of BNT162b2 on *LINE-1* gene expression. RT-qPCR was performed on RNA purified from Huh7 cells treated with BNT162b2 (0, 0.5, 1.0, and 2.0 $\mu\text{g}/\text{mL}$) for 6, 24, and 48 h, using primers targeting *LINE-1*. Significantly increased *LINE-1* expression compared to control was observed at 6 h by 2.0 $\mu\text{g}/\text{mL}$ BNT162b2, while lower BNT162b2 concentrations decreased *LINE-1* expression at all time points (Figure 3).

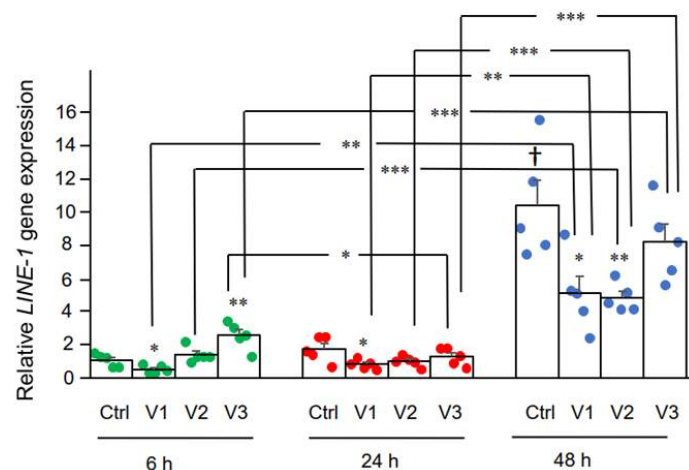


Figure 3. *LINE-1* mRNA levels in Huh7 cells treated with BNT162b2. Huh7 cells were treated without (Ctrl) or with 0.5 (V1), 1 (V2), and 2 $\mu\text{g}/\text{mL}$ (V3) of BNT162b2 for 6 (green dots), 24 (red dots), and 48 h (blue dots). RNA was purified and qPCR was performed using primers targeting *LINE-1*. RNA levels of *LINE-1* are presented as $2^{-\Delta\Delta\text{CT}}$ values relative to house-keeping genes *GAPDH* and *ACTB*. Results are from five independent experiments ($n = 5$). Differences between respective groups were analyzed using two-tailed Student's *t*-test. Data are expressed as the mean \pm SEM. (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ vs. respective control at each time point, or as indicated; † $p < 0.05$ vs. 6 h-Ctrl).

Next, we studied the effect of BNT162b2 on LINE-1 protein level. The full-length LINE-1 consists of a 5' untranslated region (UTR), two open reading frames (ORFs), ORF1 and ORF2, and a 3'UTR, of which ORF1 is an RNA binding protein with chaperone activity. The retrotransposition activity of LINE-1 has been demonstrated to involve ORF1 translocation to the nucleus [35]. Huh7 cells treated with or without BNT162b2 (0.5, 1.0 and 2.0 $\mu\text{g/mL}$) for 6 h were fixed and stained with antibodies binding to LINE-1 ORF1p, and DNA-specific probe Hoechst for visualization of cell nucleus (Figure 4a). Quantification of immunofluorescence staining intensity showed that BNT162b2 increased LINE-1 ORF1p protein levels in both the whole cell area and nucleus at all concentrations tested (Figure 4b–d).

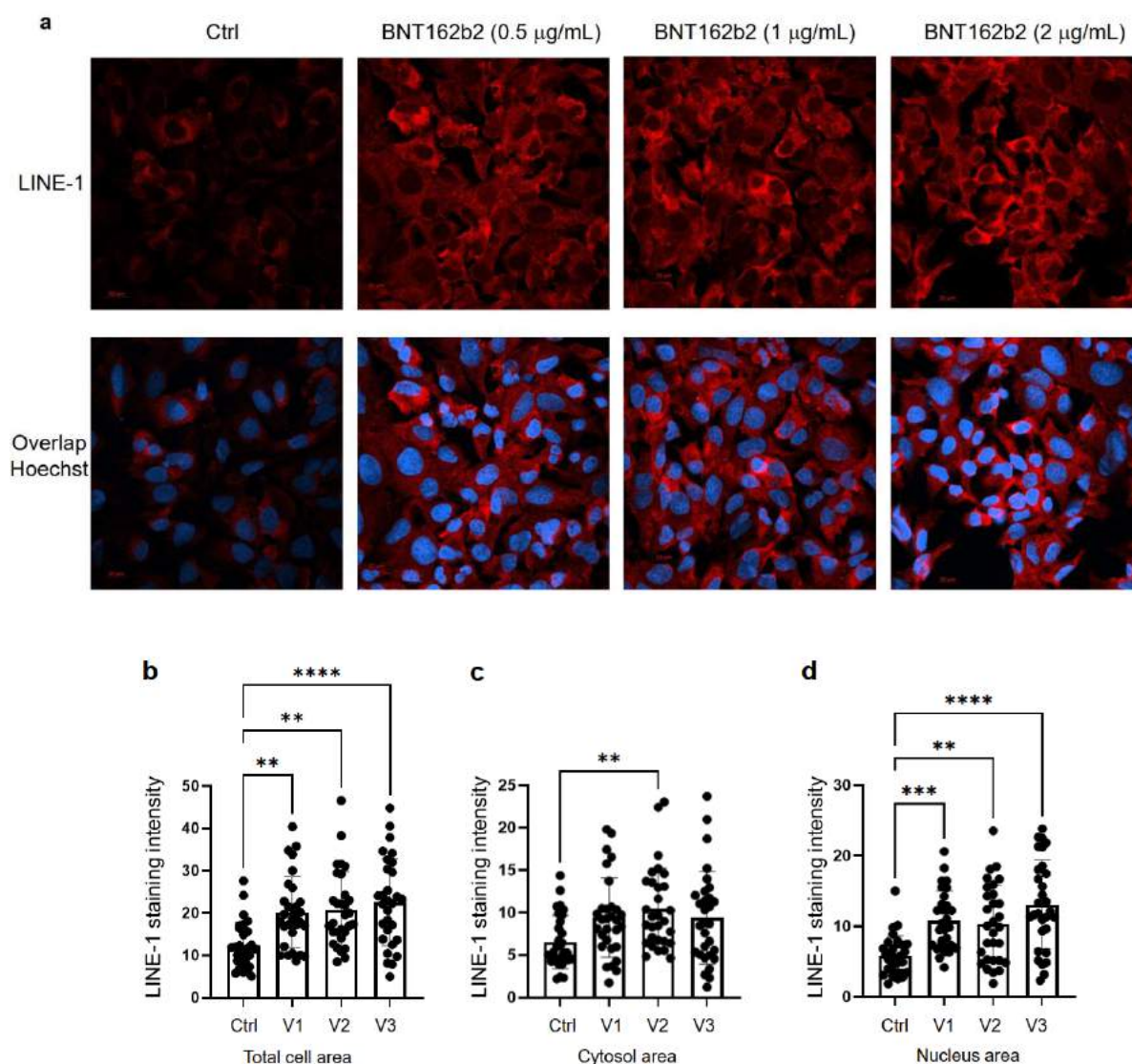


Figure 4. Immunohistochemistry of Huh7 cells treated with BNT162b2 on LINE-1 protein distribution. Huh7 cells were treated without (Ctrl) or with 0.5, 1, and 2 $\mu\text{g/mL}$ of BNT162b2 for 6 h. Cells were fixed and stained with antibodies binding to LINE-1 ORF1p (red) and DNA-specific probe Hoechst for visualization of cell nucleus (blue). (a) Representative images of LINE-1 expression in Huh7 cells treated with or without BNT162b2. (b–d) Quantification of LINE-1 protein in whole cell area (b), cytosol (c), and nucleus (d). All data were analyzed using One-Way ANOVA, and graphs were created using GraphPad Prism V 9.2. All data is presented as mean \pm SD (** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$ as indicated).

3.3. Detection of Reverse Transcribed BNT162b2 DNA in Huh7 Cells

A previous study has shown that entry of LINE-1 protein into the nucleus is associated with retrotransposition [35]. In the immunofluorescence staining experiment described above, increased levels of LINE-1 in the nucleus were observed already at the lowest concentration of BNT162b2 (0.5 µg/mL). To examine if BNT162b2 is reversely transcribed into DNA when LINE-1 is elevated, we purified genomic DNA from Huh7 cells treated with 0.5 µg/mL of BNT162b2 for 6, 24, and 48 h. Purified DNA was treated with RNase to remove RNA and subjected to PCR using primers targeting BNT162b2, as illustrated in Figure 1. Amplified DNA fragments were then visualized by electrophoresis and gel-purified (Figure 5). BNT162b2 DNA amplicons were detected in all three time points (6, 24, and 48 h). Sanger sequencing confirmed that the DNA amplicons were identical to the BNT162b2 sequence flanked by the primers (Table 2). To ensure that the DNA amplicons were derived from DNA but not BNT162b2 RNA, we also performed PCR on RNA purified from Huh7 cells treated with 0.5 µg/mL BNT162b2 for 6 h, with or without RNase treatment (Ctrl 5 and 6 in Figure 5), and no amplicon was detected in the RNA samples subjected to PCR.

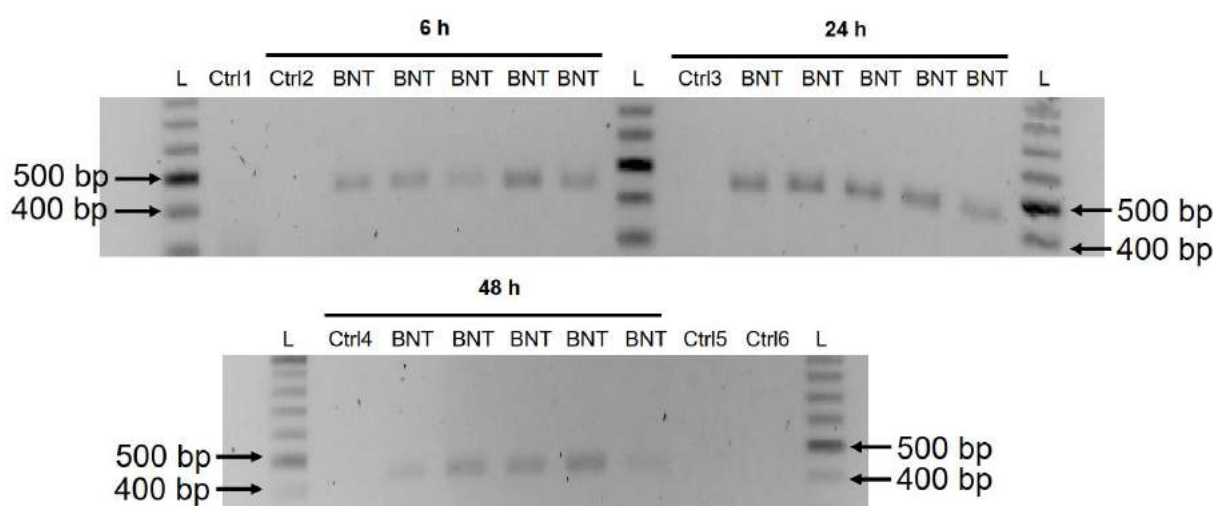


Figure 5. Detection of DNA amplicons of BNT162b2 in Huh7 cells treated with BNT162b2. Huh7 cells were treated without (Ctrl) or with 0.5 µg/mL of BNT162b2 for 6, 24, and 48 h. Genomic DNA was purified and digested with 100 µg/mL RNase. PCR was run on all samples with primers targeting BNT162b2, as shown in Figure 1 and Table 1. DNA amplicons (444 bps) were visualized on agarose gel. BNT: BNT162b2; L: DNA ladder; Ctrl1: cultured Huh7 cells; Ctrl2: Huh7 cells without BNT162b2 treatment collected at 6 h; Ctrl3: Huh7 cells without BNT162b2 treatment collected at 24 h; Ctrl4: Huh7 cells without BNT162b2 treatment collected at 48 h; Ctrl5: RNA from Huh7 cells treated with 0.5 µg/mL of BNT162b2 for 6 h; Ctrl6: RNA from Huh7 cells treated with 0.5 µg/mL of BNT162b2 for 6 h, digested with RNase.

Table 2. Sanger sequencing result of the BNT162b2 amplicon.

```
CGAGGTGGCCAAGAATCTGAACGAGAGCCTGATCGACCTGCAAGAACTGGGGAAGT
ACGAGCAGTACATCAAGTGGCCCTGGTACATCTGGCTGGGCTTTATCGCCGGACTGATTG
CCATCGTGATGGTCACAATCATGCTGTGTGTCATGACCAGCTGCTGTAGCTGCCTGAAGG
GCTGTTGTAGCTGTGGCAGCTGCTGCAAGTTCGACGAGGACGATTCTGAGCCCGTGCTGA
AGGGCGTGAACTGCACTACACATGATGACTCGAGCTGGTACTGCATGCACGCAATGCTA
GCTGCCCCCTTTCCCGTCCTGGGTACCCCGAGTCTCCCCCGACCTCGGGTCCCAGGTATGC
TCCCACCTCCACCTGCCCACTCACCACCTCTGCTAGTTCAGACACCTCCCAAGCACGC
AGCAATGCAGCTCAAAACGCTTAGCCTA
```

4. Discussion

In this study we present evidence that COVID-19 mRNA vaccine BNT162b2 is able to enter the human liver cell line Huh7 in vitro. BNT162b2 mRNA is reverse transcribed intracellularly into DNA as fast as 6 h after BNT162b2 exposure. A possible mechanism for reverse transcription is through endogenous reverse transcriptase LINE-1, and the nucleus protein distribution of LINE-1 is elevated by BNT162b2.

Intracellular accumulation of LNP in hepatocytes has been demonstrated in vivo [36]. A preclinical study on BNT162b2 showed that BNT162b2 enters the human cell line HEK293T cells and leads to robust expression of BNT162b2 antigen [37]. Therefore, in this study, we first investigated the entry of BNT162b2 in the human liver cell line Huh7 cells. The choice of BNT162b2 concentrations used in this study warrants explanation. BNT162b2 is administered as a series of two doses three weeks apart, and each dose contains 30 µg of BNT162b2 in a volume of 0.3 mL, which makes the local concentration at the injection site at the highest 100 µg/mL [31]. A previous study on mRNA vaccines against H10N8 and H7N9 influenza viruses using a similar LNP delivery system showed that the mRNA vaccine can distribute rather nonspecifically to several organs such as liver, spleen, heart, kidney, lung, and brain, and the concentration in the liver is roughly 100 times lower than that of the intra-muscular injection site [38]. In the assessment report on BNT162b2 provided to EMA by Pfizer, the pharmacokinetic distribution studies in rats demonstrated that a relatively large proportion (up to 18%) of the total dose distributes to the liver [26]. We therefore chose to use 0.5, 1, and 2 µg/mL of vaccine in our experiments on the liver cells. However, the effect of a broader range of lower and higher concentrations of BNT162b2 should also be verified in future studies.

In the current study, we employed a human liver cell line for in vitro investigation. It is worth investigating if the liver cells also present the vaccine-derived SARS-CoV-2 spike protein, which could potentially make the liver cells targets for previously primed spike protein reactive cytotoxic T cells. There has been case reports on individuals who developed autoimmune hepatitis [39] after BNT162b2 vaccination. To obtain better understanding of the potential effects of BNT162b2 on liver function, in vivo models are desired for future studies.

In the BNT162b2 toxicity report, no genotoxicity nor carcinogenicity studies have been provided [26]. Our study shows that BNT162b2 can be reverse transcribed to DNA in liver cell line Huh7, and this may give rise to the concern if BNT162b2-derived DNA may be integrated into the host genome and affect the integrity of genomic DNA, which may potentially mediate genotoxic side effects. At this stage, we do not know if DNA reverse transcribed from BNT162b2 is integrated into the cell genome. Further studies are needed to demonstrate the effect of BNT162b2 on genomic integrity, including whole genome sequencing of cells exposed to BNT162b2, as well as tissues from human subjects who received BNT162b2 vaccination.

Human autonomous retrotransposon LINE-1 is a cellular endogenous reverse transcriptase and the only remaining active transposon in humans, able to retrotranspose itself and other nonautonomous elements [40,41], and ~17% of the human genome are comprised of LINE-1 sequences [42]. The nonautonomous *Alu* elements, short, interspersed nucleotide elements (SINEs), variable-number-of-tandem-repeats (VNTR), as well as cellular mRNA-processed pseudogenes, are retrotransposed by the LINE-1 retrotransposition proteins working in *trans* [43,44]. A recent study showed that endogenous LINE-1 mediates reverse transcription and integration of SARS-CoV-2 sequences in the genomes of infected human cells [25]. Furthermore, expression of endogenous LINE-1 is often increased upon viral infection, including SARS-CoV-2 infection [45–47]. Previous studies showed that LINE-1 retrotransposition activity is regulated by RNA metabolism [48,49], DNA damage response [50], and autophagy [51]. Efficient retrotransposition of LINE-1 is often associated with cell cycle and nuclear envelope breakdown during mitosis [52,53], as well as exogenous retroviruses [54,55], which promotes entrance of LINE-1 into the nucleus. In our study, we observed increased LINE-1 ORF1p distribution as determined by immunohisto-

chemistry in the nucleus by BNT162b2 at all concentrations tested (0.5, 1, and 2 µg/mL), while elevated *LINE-1* gene expression was detected at the highest BNT162b2 concentration (2 µg/mL). It is worth noting that gene transcription is regulated by chromatin modifications, transcription factor regulation, and the rate of RNA degradation, while translational regulation of protein involves ribosome recruitment on the initiation codon, modulation of peptide elongation, termination of protein synthesis, or ribosome biogenesis. These two processes are controlled by different mechanisms, and therefore they may not always show the same change patterns in response to external challenges. The exact regulation of *LINE-1* activity in response to BNT162b2 merits further study.

The cell model that we used in this study is a carcinoma cell line, with active DNA replication which differs from non-dividing somatic cells. It has also been shown that Huh7 cells display significant different gene and protein expression including upregulated proteins involved in RNA metabolism [56]. However, cell proliferation is also active in several human tissues such as the bone marrow or basal layers of epithelia as well as during embryogenesis, and it is therefore necessary to examine the effect of BNT162b2 on genomic integrity under such conditions. Furthermore, effective retrotransposition of *LINE-1* has also been reported in non-dividing and terminally differentiated cells, such as human neurons [57,58].

The Pfizer EMA assessment report also showed that BNT162b2 distributes in the spleen (<1.1%), adrenal glands (<0.1%), as well as low and measurable radioactivity in the ovaries and testes (<0.1%) [26]. Furthermore, no data on placental transfer of BNT162b2 is available from Pfizer EMA assessment report. Our results showed that BNT162b2 mRNA readily enters Huh7 cells at a concentration (0.5 µg/mL) corresponding to 0.5% of the local injection site concentration, induce changes in *LINE-1* gene and protein expression, and within 6 h, reverse transcription of BNT162b2 can be detected. It is therefore important to investigate further the effect of BNT162b2 on other cell types and tissues both in vitro and in vivo.

5. Conclusions

Our study is the first in vitro study on the effect of COVID-19 mRNA vaccine BNT162b2 on human liver cell line. We present evidence on fast entry of BNT162b2 into the cells and subsequent intracellular reverse transcription of BNT162b2 mRNA into DNA.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/cimb44030073/s1>.

Author Contributions: M.A., F.O.F., D.Y., M.B. and C.L. performed in vitro experiments. M.A. and F.O.F. performed data analysis. M.R. and Y.D.M. contributed to the implementation of the research, designed, and supervised the study. Y.D.M. wrote the paper with input from all authors. All authors have read and agreed to the published version of the manuscript.

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Informed Consent Statement: Not applicable.

Data Availability Statement: All data supporting the findings of this study are available within the article and supporting information.

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Conflicts of Interest: The authors declare no conflict of interest.

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ARTICLE

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Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines

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Abstract

Large-scale COVID-19 vaccinations are currently underway in many countries in response to the COVID-19 pandemic. Here, we report, besides generation of neutralizing antibodies, consistent alterations in hemoglobin A1c, serum sodium and potassium levels, coagulation profiles, and renal functions in healthy volunteers after vaccination with an inactivated SARS-CoV-2 vaccine. Similar changes had also been reported in COVID-19 patients, suggesting that vaccination mimicked an infection. Single-cell mRNA sequencing (scRNA-seq) of peripheral blood mononuclear cells (PBMCs) before and 28 days after the first inoculation also revealed consistent alterations in gene expression of many different immune cell types. Reduction of CD8⁺ T cells and increase in classic monocyte contents were exemplary. Moreover, scRNA-seq revealed increased NF- κ B signaling and reduced type I interferon responses, which were confirmed by biological assays and also had been reported to occur after SARS-CoV-2 infection with aggravating symptoms. Altogether, our study recommends additional caution when vaccinating people with pre-existing clinical conditions, including diabetes, electrolyte imbalances, renal dysfunction, and coagulation disorders.

Introduction

The COVID-19 pandemic has profoundly affected humanity. The development of COVID-19 vaccines in various forms has been underway in an unprecedented and accelerated manner. Despite some uncertainties regarding potential consequences, large-scale vaccinations are taking place in many countries. There have been different COVID-19 vaccines developed, including inactivated viral

particles, mRNA vaccines, adenoviral-based vaccines, and etc.^{1–5}. Historically, vaccine research has been focused on whether or not vaccination could generate neutralizing antibodies to protect against viral infections, whereas short-term and long-term influences of the various newly developed vaccines to human pathophysiology and other perspectives of the human immune system have not been fully investigated.

With the development of large-scale single-cell mRNA sequencing (scRNA-seq) technology, systematic investigation of people's immune system function with precision became possible, primarily through scRNA-seq of peripheral blood mononuclear cells (PBMCs). During the COVID-19 pandemic, a large body of studies using scRNA-seq of PBMCs had revealed detailed changes in gene expression in different immune cell subtypes including different types of T and B cells, NK cells, monocytes, dendritic cells, etc. during and

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after infection, results from which indicated greatly reduced CD4⁺ and CD8⁺ T-cell numbers and T-cell exhaustion upon SARS-CoV-2 infection. Reduced peripheral mucosal-associated invariable T (MAIT) cell numbers and their migration in and out of the lung had also been observed. Highly activated inflammatory immune responses, including Interferon-gamma (IFN- γ), interleukin-6 (IL-6), and NF- κ B responses, had been reported in COVID-19 patients^{6–12}. Many studies had revealed immune state differences between people with severe versus mild symptoms, in that strong type I interferon (IFN- α/β) responses were beneficial after COVID-19 infection and attenuated IFN- α/β responses were associated with the development of severe symptoms¹³. In contrast, stronger NF- κ B inflammatory responses were associated with more severe symptoms¹⁴. In addition, increased $\gamma\delta$ -T cell and reduced neutrophil contents were reported to be associated with milder symptoms¹⁵.

Upon SARS-CoV-2 infections, many people developed various degrees of respiratory syndromes, and some with gastrointestinal conditions. It had been reported that blood coagulation disorders, vasculature issues, electrolytes imbalances, renal disorders, metabolic disorders, etc. were major clinical complications with COVID-19^{16,17}. The manner in which vaccination would mimic an infection has not been fully evaluated. In this study, we enrolled healthy volunteers who were to be vaccinated with an inactivated SARS-CoV-2 vaccine (Vero Cell)³, to participate in antibody and neutralizing antibody testings, as well as detailed clinical laboratory measurements before and at different times after vaccination (two-dose regimens with slightly different schedules were applied). To our surprise, we observed quite consistent pathophysiological changes regarding electrolyte contents, coagulation profiles, renal function as well as cholesterol and glucose metabolic-related features, as if these people had experienced an infection with SARS-CoV-2. In addition, PBMCs scRNA-seq results also indicated consistent reductions in CD8⁺ T cells and increases in monocyte contents, as well as enhanced NF- κ B inflammatory signaling, which also mimicked responses after infection. Surprisingly, type I interferon responses, which had been linked to reduced damages after SARS-CoV-2 infection and milder symptoms, appeared to be reduced after vaccination, at least by 28 days post the 1st inoculation. This might suggest that in the short-term (1 month) after vaccination, a person's immune system is in a non-privileged state, and may require more protection.

Results

Longitudinal follow-up of anti-SARS-CoV-2 antibody and neutralizing antibody productions after inoculation of inactivated SARS-CoV-2 vaccine

A total of 11 healthy adult volunteers of both sexes, aged 24–47 years, with a BMI of 21.5–30.0 kg/m², were

enrolled in this study (Fig. 1a and Supplementary Tables S1 and S2). SARS-CoV-2 vaccine (Vero Cell), inactivated (Beijing Institute of Biological Products Co. Ltd), was administered intramuscularly into the deltoid. Volunteers were divided into two cohorts; five participants (cohort A) were vaccinated with a full dose (4 μ g) of inactivated SARS-CoV-2 Vaccine (Vero Cell) on days 1 and 14, and six participants (cohort B) received a full dose of the vaccine on days 1 and 28 (Fig. 1a). One of the volunteers in group B was tested positive for anti-SARS-CoV-2 IgM and IgG right before vaccination, suggestive of potential prior infections. However, there was no record of previous positivity by nucleic acid (NA) diagnosis for COVID-19 (marked green in Fig. 1a). For all follow-up examinations, data from this individual was marked green to track any possible influences from potential prior infections.

Adverse events were monitored daily during the first 7 days after each inoculation and then self-recorded by the participants on diary cards in the following weeks. Overall, adverse reactions were mild (grades 1 or 2) and transient (Supplementary Table S3). Blood samples were collected on days 0, 7, 14, 28, 42, 56, and 90, and urine samples were collected on days 0, 14, 28, 42, and 90. Plasma samples were subjected to anti-SARS-CoV-2 IgM/IgG testing using multiple diagnostic kits, results from the most sensitive kit were used for quantification (Fig. 1b, c). Testing results from cohort A demonstrated that prior to the 2nd inoculation 0% of the participants developed anti-SARS-CoV-2 IgG, but by day 28, which was 2 weeks post the 2nd inoculation, 100% of the participants were tested positive (Fig. 1b). Overall, IgM showed up earlier than IgG, which was expected. IgG and IgM positivity decreased by day 42 and remained at relatively low levels by day 90 in cohort A. For cohort B, no one developed IgG until after 2nd inoculation. Yet by day 42, IgG positivity reached 100% (Fig. 1c) and sustained until day 56, suggesting that the vaccination protocol for cohort B was more efficacious. By day 90, IgG positivity also reduced to 50%, indicating antibody production did not sustain for a long time. We further carried out tests for SARS-CoV-2 neutralizing antibodies¹⁸ (Fig. 1d), and results also indicated that two inoculations 28 days apart (cohort B) resulted in higher protective antibody titers as compared to two inoculations with 14 days apart (cohort A). On the other hand, it appeared that anti-SARS-CoV-2 neutralizing antibody titers were overall lower than those in COVID-19 convalescent individuals as reported before³ (Fig. 1d). By 90 days, neutralizing antibody titers dramatically decreased in all volunteers (Fig. 1d). Interestingly, the individual who was antibody positive prior to vaccination was not more prone to generating neutralizing antibodies as compared to the rest of the participants, suggesting that prior potential infection might not have occurred or may not generate long-lasting protection in the perspective of neutralizing antibody production.

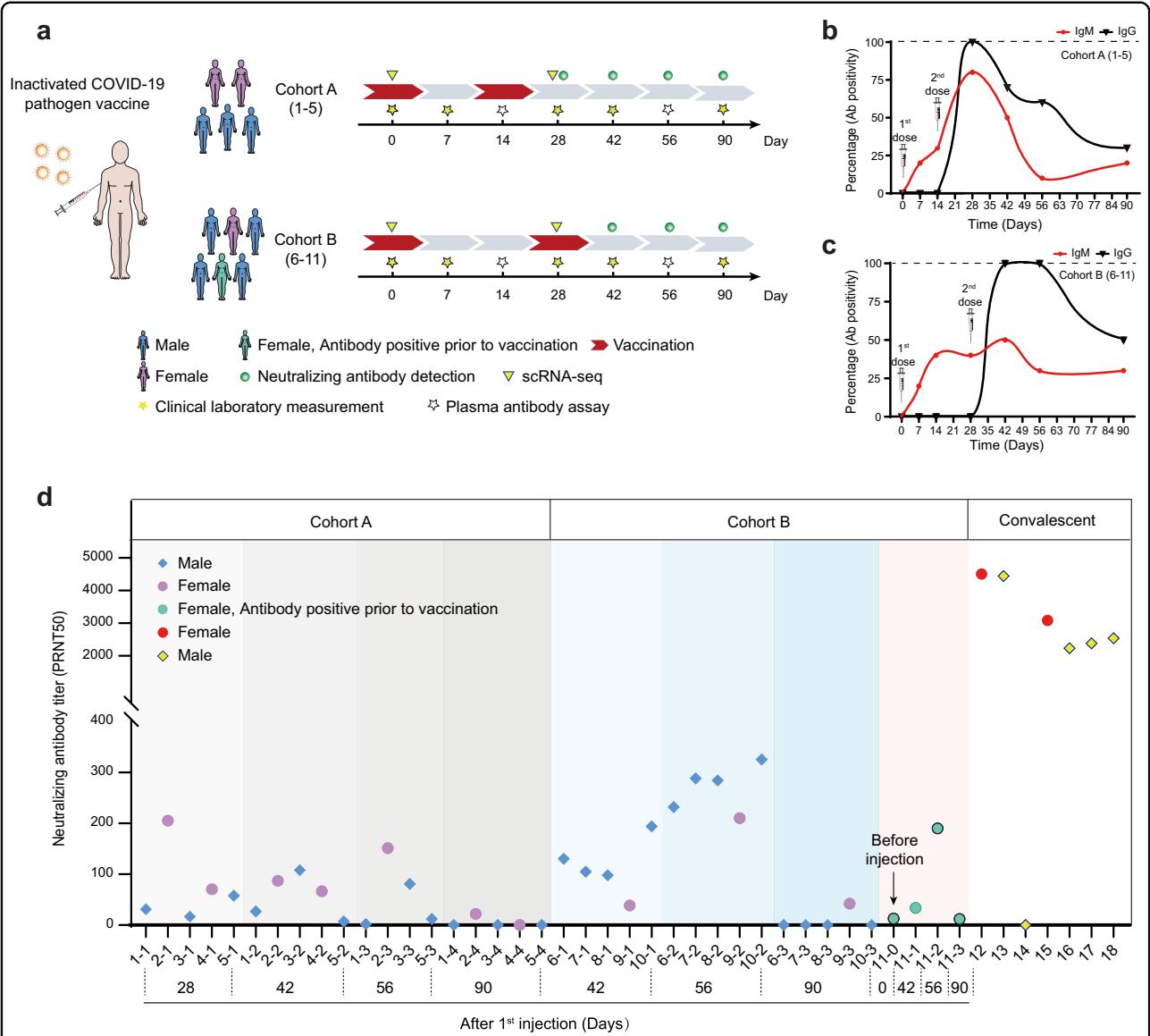


Fig. 1 Schematic workflow and SARS-CoV-2 antibody/neutralizing antibody detection after vaccination. **a** Schematic description of vaccine inoculation strategies, blood sample collections, and measurements. **b, c** Antibody positivity changes (percent positive/total) over time in cohorts A and B. Volunteers in cohort A were inoculated on days 1 and 14, and in cohort B, on days 1 and 28. Red line represents IgM changes, and black, IgG. **d** Neutralizing antibody titer changes in plasma of volunteers in cohorts A and B after vaccination, as well as those from convalescent individuals tested.

Alterations in clinical laboratory measurements after vaccination

Clinical laboratory routine tests including infection-related indices, hematologic parameters, coagulation function, blood glucose, serum lipids, cardiac function-related enzymes, electrolytes, liver, and renal function-related biomarkers, were measured to reveal safety features of the vaccine (Fig. 2a and Supplementary Tables S4 and S5). White blood cell count was significantly, yet only slightly, increased after vaccination on day 7. No differences were detectable at the following time points (Fig.

2b). To our surprise, quite consistent increases in HbA1c levels were observed in healthy volunteers, regardless of whether they belonged to cohort A or B. By day 28 post the 1st inoculation, three out of 11 individuals reached the prediabetic range (Fig. 2c). By days 42 and 90, medium HbA1c levels appeared to revert back, yet were still significantly higher than those before vaccination. Previous work has demonstrated that diabetic patients with uncontrolled blood glucose levels are more prone to develop severe forms of COVID-19¹⁹. High blood glucose levels/glycolysis had been shown to promote SARS-CoV-

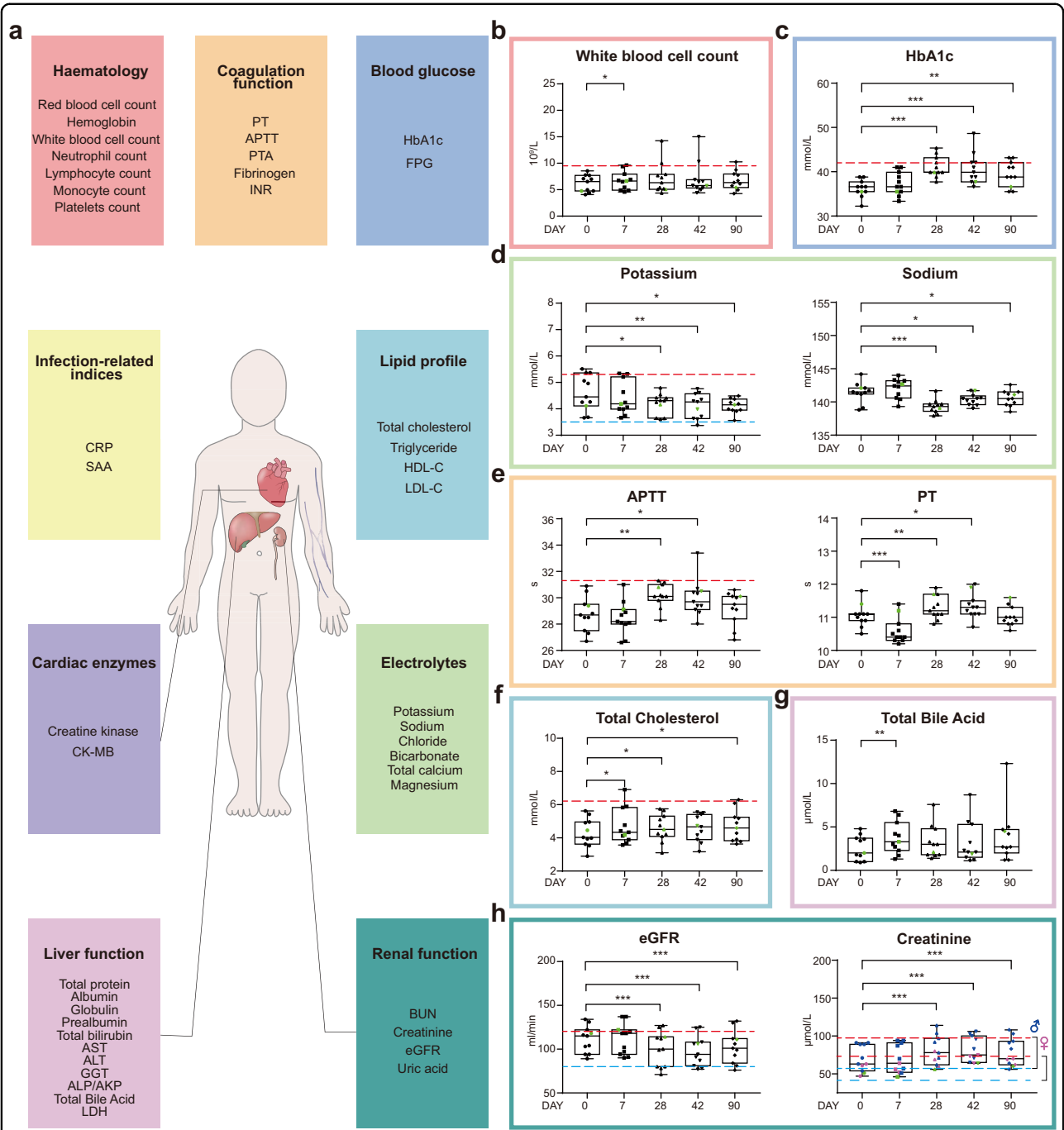


Fig. 2 Temporal changes of clinical laboratory measurements after vaccination. **a** Clinical laboratory routine tests include hematologic and coagulation parameters, blood glucose-related and infection-related indices, lipid profile, cardiac enzymes, electrolytes, liver- and renal function-related biomarkers. More information could be found in Supplementary Tables S4 and S5. Laboratory test values of white blood cell count (**b**), HbA1c (**c**), potassium (**d**, left panel), sodium (**d**, right panel), APTT (**e**, left panel), PT (**e**, right panel), total cholesterol (**f**), total bile acid (**g**), eGFR (**h**, left panel), creatinine (**h**, right panel). Data points represent the values of each individual. Box plots showed the 25th, 50th (median), and 75th percentiles. Horizontal dashed lines showed upper normal limits (red) in **b**, **c**, **d** (left panels), **e** (left panel), **f**, **h** and the lower normal limits (blue) in **d** (left panel) and **h**. The *P* values were calculated by the Wilcoxon sign-rank test by comparing the laboratory measurements at each time with the baseline measurements. **P* ≤ 0.05, ***P* ≤ 0.01, ****P* ≤ 0.001.

2 replication in human monocytes via the production of mitochondrial reactive oxygen species and activation of HIF1A²⁰, therefore presenting a disadvantageous feature.

Serum potassium levels decreased significantly by days 28, 42, and 90 post the 1st inoculation, with one sample below the lower normal limit at day 42 (Fig. 2d, left panel). Similarly, serum sodium levels also decreased following vaccination (Fig. 2d, right panel), indicative of vaccine influences on electrolyte balance. Again, electrolyte imbalance has also been linked to COVID-19²¹. Coagulopathy is another COVID-19-induced clinical condition²². We found that coagulation profiles changed significantly after vaccination, in the short-term (7 days) after the 1st inoculation, coagulation profiles were leaning toward shorter Prothrombin Time (PT), whereas the long-term (28 and 42 days) effect was toward activated partial thromboplastin time (APTT) and PT prolongation (Fig. 2e). By day 90, the profiles returned back to those before vaccination (Fig. 2e). Moreover, we found elevated blood cholesterol levels at days 7, 28 after the 1st inoculation, and elevated total bile acid levels were also detected at day 7 (Fig. 2f, g). Renal dysfunction is another clinical condition linked to COVID-19, and by 28, 42, and 90 days after the first inoculation, serum creatinine levels were significantly higher than those before vaccination, resulting in reduced eGFR (Fig. 2h). Most of these clinical features have been reported to be associated with the development of severe symptoms in COVID-19 patients (Supplementary Table S6). Overall, there were no statistically significant differences between cohorts A and B, except for only a few indices (Supplementary Table S7), therefore data from two cohorts were pooled for clinical data presentation and subsequent analyses.

scRNA-seq revealed dramatic alterations in gene expression of almost all immune cells after vaccination

To explore the immunological features of healthy volunteers following vaccination, we performed droplet-based scRNA-seq (10× Genomics) to study transcriptomic profiles of PBMCs from volunteers belonging to either cohort A or B, before and 28 days after vaccination (Fig. 3a and Supplementary Fig. S1a). After preprocessing and low-quality cell elimination (see “Materials and methods”), we obtained 188,886 cells from all PBMC samples, among which 86,685 cells were from cohort A and 102,201 cells from cohort B. All qualified cells were integrated into the unified dataset and subjected to downstream analyses.

Using graph-based clustering of uniform manifold approximation and projection (UMAP)²³, Single-cell Recognition of cell types (SingleR) algorithm²⁴, and manual annotation based on canonical gene markers, we identified 22 cell types or subtypes and performed differential expression analysis amongst all cell types (Fig. 3b

and Supplementary Table S8). Cells (cell transcriptomes) from samples before (blue) and after (orange) vaccination were distinctly separated in the UMAP representation for both cohorts, which meant immunological features had changed quite drastically in almost all immune cell types detected, and consistently in all volunteers (Fig. 3c). Among the 11 pairs (before and after) of PBMC samples, 10 pairs were sequenced together and one pair was sequenced separately in a different batch. UMAP distributions were drastically similar regardless of the different batches, suggesting minimal sequencing batch effects (Supplementary Fig. S1b). Two independent batches of sequencing revealed similar changes before and after vaccination, suggesting the changes are real, whereas using the batch effect correction method (Harmony²⁵) (Supplementary Fig. S1c–e) would result in over filtration and elimination of the real changes caused by vaccination. Moreover, sample clustering based on the Pearson Correlation coefficient of the transcriptomes indicated that samples from the two cohorts (A and B) intermingled well with each other both before and after vaccination, whereas vaccination-induced changes could clearly be observed (Fig. 3d). Therefore, to increase the statistical power, we combined the two cohorts for subsequent analyses.

To reveal differences in cell-type compositions before and after vaccination, we calculated relative percentages of all cell types in PBMCs of each individual on the basis of scRNA-seq data (Fig. 3e). We observed decreases in contents of CD4⁺ regulatory T cells (CD4.Treg), CD8⁺ T cells (CD8.T), and proliferating CD8⁺ cells (CD8.Tprolif) after vaccination (Fig. 3e). Decreases in $\gamma\delta$ -T cell (gd.T.Vd2) contents were also significant (Fig. 3e). In contrast, vaccination increased CD14⁺ classical monocyte (Mono.C) contents (Fig. 3e), consistent with clinical laboratory measurements (Fig. 3f). The overall lymphocyte contents, which included all CD4⁺ T cells, all CD8⁺ T cells, B cells, and NK cells, did not change significantly before and after vaccination, which was also confirmed by clinical laboratory measurements (Fig. 3g). We collected a published dataset from 196 COVID-19-infected patients and controls⁷, and analyzed our data together with that dataset. The result indicated that vaccination-induced changes in cell contents of all five different immune cell subtypes also changed in the same directions in COVID-19 patients as compared to controls, except for proliferating CD8⁺ T cells (Supplementary Fig. S2).

To study detailed gene expression changes induced by vaccination, we merged individual samples into pseudo-bulk samples and used paired sample test to identify differentially expressed genes (DEGs) (Fig. 3h and Supplementary Table S9). Significantly upregulated genes were involved in “TNF α signaling via NF- κ B”, “inflammatory responses”, and “cytokine-cytokine receptor interaction”,



(see figure on previous page)

Fig. 3 Changes in peripheral immune cell type and subtype compositions as well as gene expression before and 28 days after the 1st inoculation. **a** Cell-type UMAP representation of all merged samples. In total, 22 cell types were identified by cell-type-specific gene expression signatures. In total, 188,886 cells were depicted. **b** Dot plot for cell-type-specific signature genes. Color scale indicated expression levels and point size represented the percentage of cells per cluster/subtype expressing the corresponding gene. **c** UMAP representation representing cells before (blue) and after (orange) vaccination. **d** Heatmap of correlation amongst pseudo-bulk samples. **e** Percentages of specific immune cell subtypes in total PBMCs from each individual before and after vaccination. Box plot depicted sample distribution. Blue boxes represented samples before, and orange, after vaccination. *P* values were based on the Wilcoxon test for comparisons between groups before and after vaccination. **f** Box plots showed changes before and after vaccination in monocyte content from scRNA-seq data (left panel) and clinical laboratory measures (right panel). **g** Box plots showed changes in CD4⁺, CD8⁺ T-cell contents as well as lymphocyte (T + B + NK) contents before and after vaccination from scRNA-seq data (left 3 panels) and laboratory tests (right panel). **h** DEGs identified by pseudo-bulk samples before and after vaccination. **i** Overrepresentation analysis of HALLMARK gene sets from MSigDB demonstrating different immunological features before and after vaccination.

“IL6-JAK STAT3 signaling”, “coagulation”, “hypoxia”, which had been reported for COVID-19, while cell cycle-related pathways were downregulated (Fig. 3i). These results supported the notion that vaccination mimicked an infection^{6–12}.

Featured immune cell subtype-specific gene expression changes mirrored clinical laboratory alterations

Prior to the elucidation of the functional heterogeneity and cell-type-specific gene expression changes between samples before and after vaccination, we grouped cells into 11 major types: (1) naive-state CD4⁺ T cells, (2) naive-state CD8⁺ T cells, (3) CD4⁺ helper T cells (including CD4.T, CD4.Treg, and CD4.Tprolif), (4) CD8⁺ cytotoxic T cells (including CD8.T, CD8B.T, and CD8.Tprolif), (5) MAIT, (6) $\gamma\delta$ -T cells, (7) NK cells (including NK, NK proliferative), (8) B/plasmablast cells (including B cells and plasmablasts), (9) monocytes/dendritic cells (including classical mono, intermediate mono, non-classical mono, myeloid DC1, myeloid DC2, and plasmacytoid DC), (10) CD4⁺ terminal effector T cells, and (11) CD8⁺ terminal effector T cells. Following eleven major cell-type categorizations, we performed sample-level comparisons by aggregating gene expression across major cell types within each donor and then performed differential expression analysis using muscat²⁶. We identified differentially expressed genes (DEGs) among all major cell types (Fig. 4a and Supplementary Table S10) and conducted gene functional analysis (Fig. 4b). Echoing the clinical measurement results, genes related to “cholesterol homeostasis”, “coagulation”, and “inflammatory response” (CXCL8, CD14, IL6, and TNFRSF1B), “TNF α signaling via NF- κ B” (NFKB1, NFKB2, NFKBIE, TNFAIP3, and TNFSF9) and “hypoxia” (HIF1A) were upregulated. In addition, “TGF β signaling”, “IL2-STAT5 signaling” (IFNGR1, MAPKAPK2, and CASP3), and “IL6-JAK-STAT3 signaling”-related genes were also upregulated (Fig. 4c). To visualize which cell types were enriched for those signatures, we performed gene module scoring and displayed the scores on UMAP coordinates as

well as grouped box plots (Fig. 4c and Supplementary Table S11). Interestingly, “inflammatory response” genes were highly expressed in monocytes and after vaccination further increased (Fig. 4c), suggesting monocytes were one of the major cell types participating in inflammatory responses after vaccination. In contrast, genes related to “glycolysis”, “bile acid metabolism”, and “type I interferon (IFN- α/β) response” were downregulated, consistent with our clinical data and the pathophysiology of COVID-19¹³ (Fig. 4d).

Most common changes in multiple immune cell subtypes revealed increases in NF- κ B signaling and decreases in IFN- α/β responses

Given that clusters of genes changed their expression dramatically among all major cell types, we hypothesized that there might be some transcription factors serving as master regulators leading to immunological alterations. To solve the computational challenges associated with such a big dataset, we used the MetaCell algorithm²⁷ to aggregate homogeneous groups of cells into metacells, and finally produced 1857 metacells (893 before and 964 after vaccination) to represent the whole structure of the scRNA-seq data (Fig. 5a). Those metacells were then applied to “single-cell regulatory network inference and clustering (SCENIC)”^{28,29} to construct the gene regulatory networks. The workflow produced a list of 157 “regulons”, which included transcription factors and their direct targets. Regulon activities were scored using AUCell to access averaged enrichment of all genes belonging to each regulon in each metacell, as well as averaged regulon gene enrichment in all 893 metacells before vaccination, and 964 metacells after vaccination. Top-ranked (most active) eight regulons upregulated and eight regulons downregulated after vaccination were identified (Fig. 5b). We selected 3 + 3 typical regulons to construct a regulatory network as presented in Fig. 5c (Supplementary Table S12). The network showed two distinct groups, one is consisted of IRF2, STAT1 and STAT2, which were downregulated after vaccination, and the other, contained

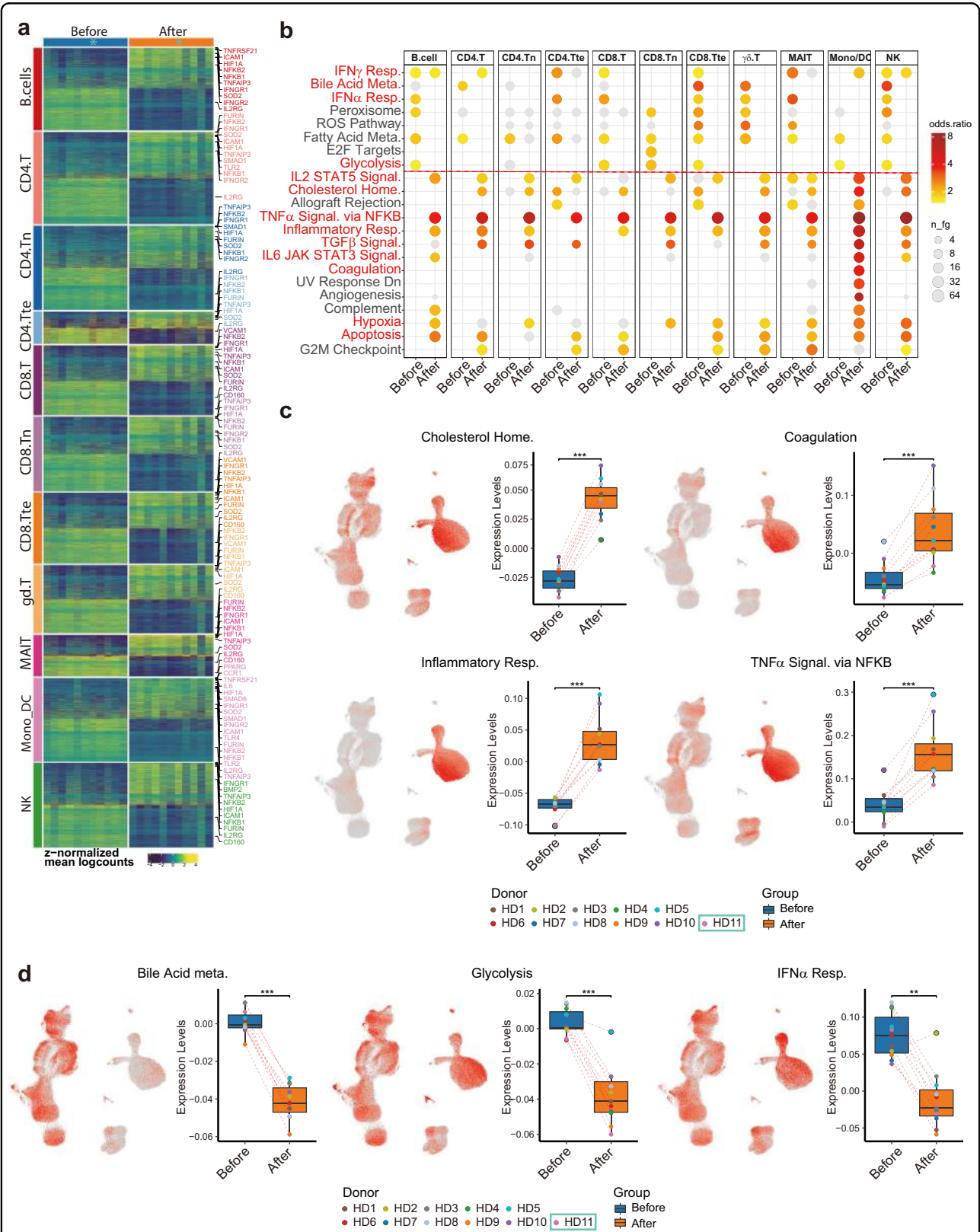


Fig. 4 (See legend on next page.)

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Fig. 4 Subtype-specific differential gene expression and gene set overrepresentation analyses depicting common gene expression changes amongst different types of immune cells after vaccination. **a** 11 major immune cell-type-specific DEGs identified by pseudo-bulk data produced by combinations of samples before and after vaccination. Genes with $\log_{2}FC > 0.5$ and adjusted $P < 0.05$ were included. **b** Overrepresentation analysis of HALLMARK gene sets from MSigDB amongst 11 major cell types demonstrated common changes in gene sets representing altered immunological states before and after vaccination. **c, d** UMAP visualization colored by average expression scores (levels) based on differential enrichment pathway. Box plot depicting the expression score distribution before and after vaccination.

RELB, NFKB2, and HIF1A, which were upregulated after inoculation. The GO terms of the upregulated network are predominantly related to lymphocyte differentiation, activation, and “Germinal Center Formation”, which suggested that T cells and B cells were activated after vaccination. In addition, NF- κ B signaling was also elevated after vaccination. The downregulated network was enriched for many interferons-related pathways and Cytokine Secretion (Fig. 5d and Supplementary Table S13). This suggested that vaccination might inhibit interferon responses in the peripheral immune system, by reducing the activities of regulons STAT1, STAT2, and IRF2, which were thought to be master transcription factors driving type I and III interferon signaling^{30,31}.

To confirm vaccination-induced inhibition of interferon responses revealed by scRNA-seq, we stimulated PBMCs from vaccinated individuals before and 28 days after vaccination with IFN- α/β . After 16 h of culturing and 12 h of stimulation, we used RT-qPCR to measure the relative expression of master regulators IRF2, IRF7, and STAT2. STAT2 and IRF7 were significantly downregulated after vaccination, yet IRF2 showed a trend of downregulation (Fig. 5e, f). The regulon analyses indicated that the states of the peripheral immune system after vaccination had reduced type I interferon responses, indicative of attenuated general antiviral abilities at least 28 days after the first inoculation.

Vaccination-induced inflammatory responses in monocytes

Recent reports have described conserved host immune response signatures to respiratory viral infections, namely the Meta-Virus Signature (MVS), which is also conserved in SARS-CoV-2 infection^{32,33}. Higher MVS scores are associated with infection^{32,33}. In all, 380 (158 positively- and 222 negatively contributed to MVS scores) out of 396 (161 positively- and 235 negatively contributed) genes selected for MVS measurement were detected in our dataset. To investigate host immune responses after vaccination with inactivated SARS-CoV-2, we separated the positive and negative gene sets and calculated MVS scores (Fig. 6a). The MVS scores were substantially higher after vaccination (Fig. 6b, c), suggesting that vaccination mimicked an infection. Interestingly, the positive MVS gene set was predominantly expressed in monocytes,

while the negative set in lymphocytes, indicating different cell-type-specific immune responses would take place after vaccination (Supplementary Fig. S3a, b).

To investigate which pathways were associated with MVS-positive gene set and MVS-negative gene set, we calculated Spearman correlation among MVS gene sets scores and previously identified differentially enriched pathways using our scRNA-seq data (Fig. 6d). The most highly correlated pathway with MVS score and MVS-positive set was “Inflammatory response signaling”, which was strikingly upregulated in monocyte after vaccination, together with CD14, FPR1, C5AR1, NAMPT, NLRP3, CDKN1A, and IFNGR2. Whereas, MVS-negative set correlated well with “Cytotoxicity signature”, represented by NKG7, CCL4, CST7, PRF1, GZMA, GZMB, IFNG, and CCL3 expression, significantly decreased in many T-cell subtypes but not NK cells after vaccination (Supplementary Fig. S3c).

Discussion

This is a comprehensive investigation of the pathophysiological changes, including detailed immunological alterations in people after COVID-19 vaccination. Results indicated that vaccination, in addition to stimulating the generation of neutralizing antibodies, also influenced various health indicators including those related to diabetes, renal dysfunction, cholesterol metabolism, coagulation problems, electrolyte imbalance, in a way as if the volunteers experienced an infection. scRNA-seq of PBMCs from volunteers before and after vaccination revealed dramatic changes in immune cell gene expression, not only echoing some of the clinical laboratory measures but also suggestive of increased NF- κ B-related inflammatory responses, which turned out to be mainly taking place in classical monocytes. Vaccination also increased classical monocyte contents. Moreover, the gene set positively contributing to MVS scores, also known to be associated with severe symptom development, was highly expressed in monocytes. Type I interferon (IFN- α/β) responses, supposedly beneficial against COVID-19, were downregulated after vaccination. In addition, the negative MVS genes were highly expressed in lymphocytes (T, B, and NK cells), yet showed reduced expression after vaccination. Together, these data suggested that after vaccination, at least by day 28, other than

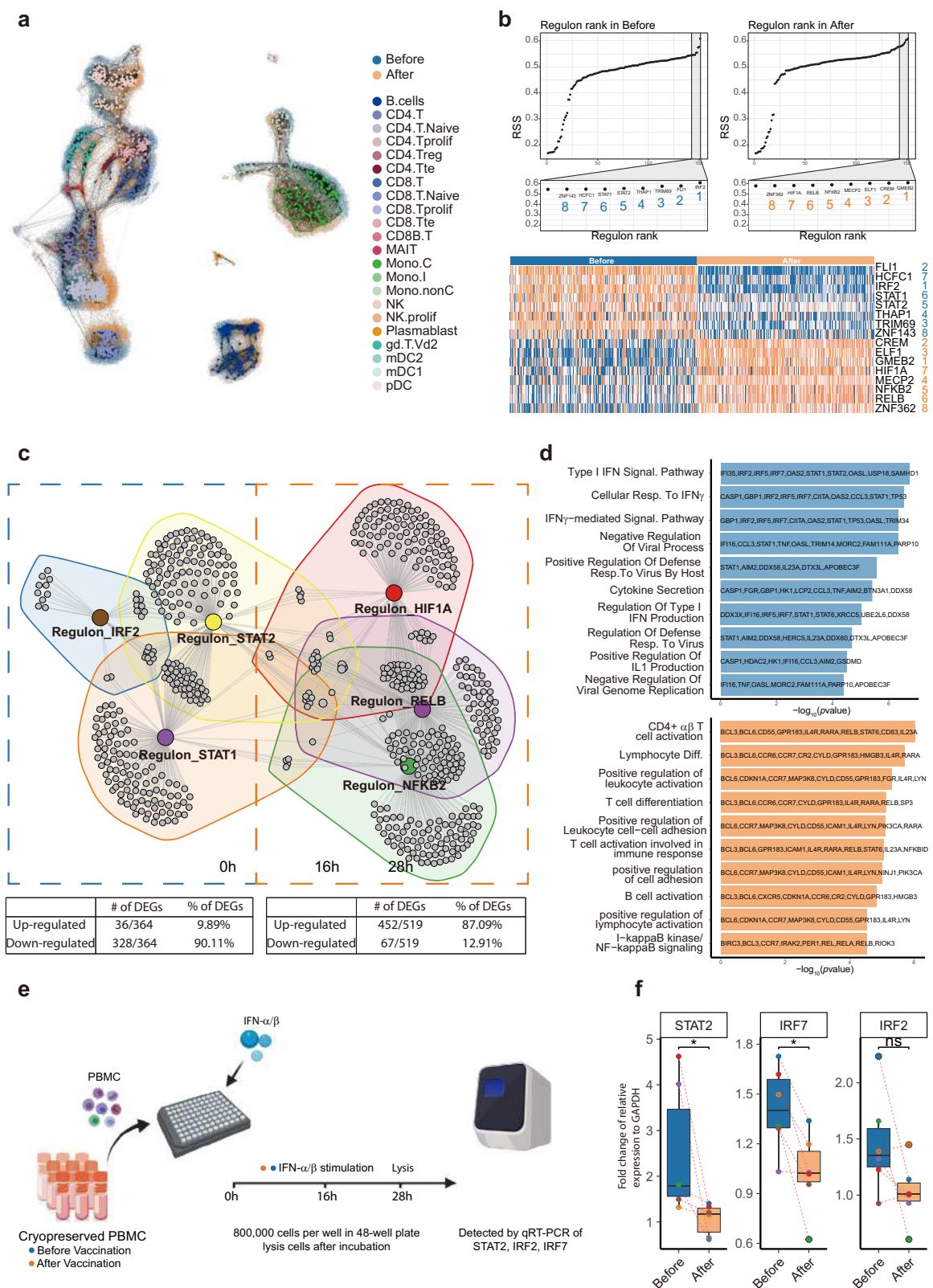


Fig. 5 (See legend on next page.)

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Fig. 5 Identification of master regulons and their regulatory networks before and after vaccination. **a** Visualization for the “similarity-structure-associating” metacells on the original scRNA-seq data. Metacells were color-coded according to their cell-type annotations. The original scRNA-seq data were color-coded “blue” and “orange” to represent samples “before” and “after” vaccination, respectively. **b** Top panels: rank of regulons in samples before (left) and after (right) vaccination, based on Regulon Specificity Score (RSS). Bottom panels: heatmap of top-ranked regulon activities before (blue) and after (orange) vaccination based on AUCell scores. Names of the regulons are color (blue/orange) and number coded (1–8). **c** Network of regulons and their target genes. The table below indicated the proportion of genes within the regulons which were up- or downregulated after vaccination. **d** Gene functional annotation and related genes before (blue) and after (orange) vaccination. **e** Schematic overview of the experiment. **f** After treatment with IFN- α/β , PBMCs from volunteers after vaccination had reduced expression of genes associated with type I interferon responses as compared to those before vaccination. Paired Wilcoxon test was used. $*P \leq 0.05$, $n = 6$.

generation of neutralizing antibodies, people’s immune systems, including those of lymphocytes and monocytes, were perhaps in a more vulnerable state.

Interestingly, our preliminary data demonstrated that if we pre-incubated RBD of SARS-CoV-2 with the PBMCs (from volunteers before and after vaccination) and then treated the cells with IFN- α/β , type I interferon responses were actually enhanced in PBMCs after vaccination, suggesting that perhaps vaccination, while reduced a person’s general antiviral ability, enhanced adaptive immune function specifically towards SARS-CoV-2 (Supplementary Fig. S4a). On the other hand, comparing PBMCs before vaccination, pre-treatment of SARS-CoV-2 S-RBD appeared to reduce type I interferon responses ($P < 0.05$, IRF2, IRF7, STAT2) (Supplementary Fig. S4b), suggesting 1st time exposure of the viral peptide would actually cause a reduction in type I interferon responses in PBMC. These in vitro data nicely supported the scRNA-seq results.

It is worth mentioning that one individual in cohort A who was on antibiotics, happened to not having reduced gene expression linked to type I interferon responses, and this individual also had the highest neutralizing antibody titer within the cohort. We further calculated Pearson’s Correlation Coefficient between neutralizing antibody titers and inflammatory responses measured by averaged gene expression of genes associated with TNF α Signaling via NF- κ B and interferon- α (type I interferon) responses. The results were 0.32 and 0.39 with $P > 0.05$ (Supplementary Fig. S4c), respectively, suggesting immune response changes and adaptive immune protection of the vaccine do not appear to be highly correlated. Whether antibiotics may influence vaccine efficacy remains to be determined. It is also rather interesting that while cohorts A and B had different anti-SARS-CoV-2 antibody production profiles, their PBMCs scRNA-seq results were drastically similar, including their B-cell scRNA-seq data (Supplementary Fig. S5a–c). It should be noted that after vaccination, the majority of responsive B cells, particularly those producing mature anti-COVID-19 antibodies (IgG) including memory B cells, should be primarily located in

peripheral lymphatic tissues such as lymph nodes and the spleen, while only a few mature B cells would exist in the circulation. Therefore, the B-cell population in PBMCs preparations may not reflect the whole spectrum of humoral immunity.

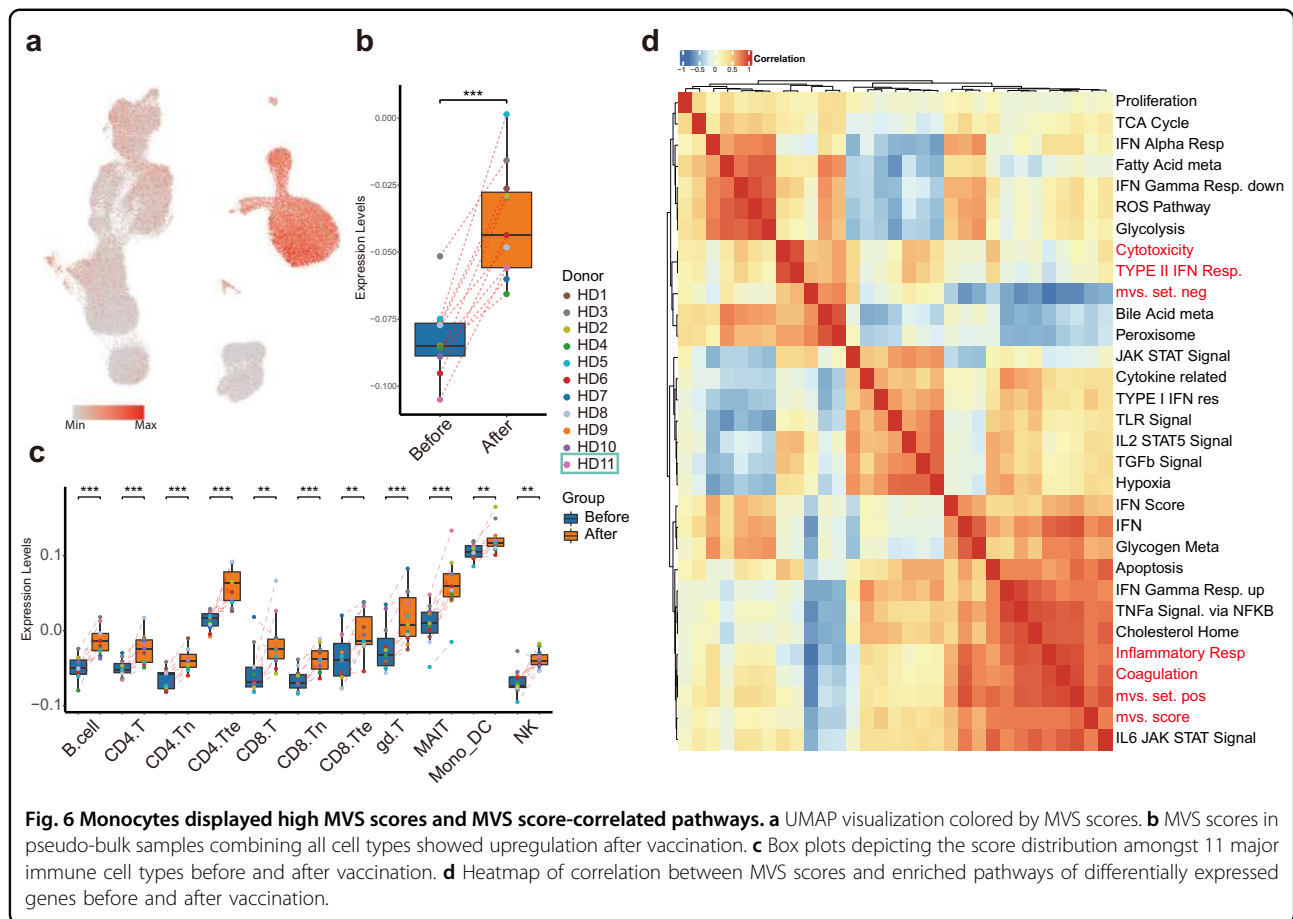
The analyses presented in this study, particularly, scRNA-seq of PBMCs had not been performed for previous vaccine evaluations, whether the changes in immune system function-related genes were COVID-19-specific or could be generally applied to other vaccines or other types of COVID-19 vaccines remained to be determined. However, these types of detailed analyses should be overall beneficial to vaccine development and applications. Our study postulates that it is imperative to consider the potential long-term impact of vaccination to certain medical conditions³⁴ or to general human health.

Materials and methods

Participants, clinical data collection, and procedures

Healthy adult volunteers were recruited to the program. All subjects underwent a physical examination and completed a questionnaire by trained doctors. Healthy adult aged 18–60 years, with axillary temperature $\leq 37.0^\circ\text{C}$, negative for SARS-CoV-2 nucleic acid test, and willing to complete all scheduled study processes were enrolled in the study. People with epilepsy, brain or mental diseases, history of allergies, uncontrolled major chronic illnesses, and clinically significant abnormal findings on biochemistry, hematology tests were excluded. Pregnant or breastfeeding women were also excluded. This study was approved by the Ethics Committee of Shanghai East Hospital in accordance with the principles of the Helsinki Declaration (No.2020 (096)). Written informed consents were obtained from all participants before enrollment.

A total of 11 participants were enrolled and vaccinated to evaluate the clinical safety and dynamic changes in the immune system. Among these, five participants (cohort A) were vaccinated with 4 μg dose of inactivated SARS-CoV-2 Vaccine (Vero Cell) on days 1 and 14, and six participants (cohort B) received a 4 μg dose of the vaccine on days 1 and 28. Inactivated SARS-CoV-2 Vaccine (Vero



Cell) (China Biotechnology Group Corporation) was administered intramuscularly into the deltoid. All vaccines were approved by the National Institutes for Food and Drug Control of China.

Laboratory safety tests including infection-related indices (C-reactive protein, serum amyloid A protein), hematologic parameters (white blood cell counts, neutrophil counts, lymphocyte counts, monocyte counts, red blood cell counts, hemoglobin, platelet counts), coagulation function-related indices (prothrombin time, activated partial thromboplastin time/APTT, fibrinogen, prothrombin activity/PT, international normalized ratio/INR), blood glucose-related parameters (fasting plasma glucose, HbA1c), serum lipid (total cholesterol, triglyceride, HDL-C, LDL-C), cardiac function-related enzymes (creatinine kinase, CK-MB), electrolytes (potassium, sodium, chloride, bicarbonate, total calcium, magnesium), liver function-related biomarkers (e.g., albumin, alanine aminotransferase/ALT, aspartate aminotransferase/AST, total bilirubin, and etc.), renal function-related markers (creatinine, uric acid, blood urine nitrogen/BUN, estimated glomerular filtration rate/eGFR) were measured.

COVID-19 antibody (IgG/IgM) testing

A number of commercially available COVID-19 antibody (IgG/IgM) rapid testing kits including “Innovita (S protein specific)”, “GenBody (N protein specific)”, “Livzon (S + N proteins)”, and “AbKhan (S + N proteins)” were used to test anti-COVID-19 (IgM/IgG) positivities of plasma from volunteers before and at different times after vaccination. The “AbKhan” kit was most sensitive and data were used in this study.

Neutralizing antibody test by PRNT

Serum samples were each tested using a plaque reduction neutralization test (PRNT) assay for SARS-CoV-2 (2019-nCoV-WIV04) in the BSL-3 laboratory. Briefly, sera were heat-inactivated at 56 °C for 30 min and diluted to 1:50, followed by threefold serial dilutions (1:50, 1:150, 1:450, 1:1350, 1:4050, and 1:12,150). Sera were then mixed with 100 PFU of virus and incubated at 37 °C for 1 h. The virus–serum dilution mixtures and virus control were then inoculated into Vero E6 cell monolayers in 24-well plates for 1 h before adding an overlay medium including 1.5% methylcellulose at 37 °C for 4–5 days to allow plaque

development. Then the plates were fixed and stained with 2% crystal violet in 30% methanol for 30 min at room temperature, and the plaques were manually counted and measured. The PRNT titer was calculated based on a 50% reduction in plaque count (PRNT50).

Preparation of single-cell suspensions, single-cell RNA library preparation, and sequencing

The PBMCs were isolated from heparinized venous blood from healthy volunteers using a Ficoll-PaqueTM PLUS Media (GE Healthcare Inc.) according to the standard density-gradient centrifugation method provided by the manufacturer. PBMCs were frozen in freezing media (70% RPMI-1640, 20% FBS, and 10% DMSO), and stored in liquid nitrogen until use. Single-cell capture and library construction were performed using the Chromium Single Cell 5' Library & Gel Bead kit (10× Genomics) according to the manufacturer's instructions. Libraries were sequenced using the Novaseq 6000 platform (Illumina).

scRNA-seq data analysis and statistics

Single-cell sequencing data were aligned and quantified using kallisto/bustools (KB, v0.25.0)³⁵ against the GRCh38 human reference genome downloaded from the 10× Genomics official website. Preliminary counts were then used for downstream analyses. We made a pipeline to process data. Briefly, cells with less than 200 genes were filtered out, the logarithmic normalized counts and top 3000 highly variable genes (HVGs) selection were performed by Scanpy³⁶.

We excluded specific genes from HVGs including mitochondrial genes, immunoglobulin genes, and genes linked to poorly supported transcriptional models (annotated with the prefix "Rp-"). Then principal component analysis (PCA) was performed utilizing the HVGs and Harmony algorithm was used to remove batch effects²⁵. We used the PARC approach to identify clusters³⁷ and selected features by "FeatureSelectionByEnrichment" function from cytoph2 algorithm³⁸, followed by another round of PCA, Harmony, and PARC. Subsequently, we calculated K nearest neighbors in a KNN graph, performed uniform manifold approximation and projection (UMAP) by Pegasuspy³⁹, and identified clusters by PARC. In addition, we applied Scrublet⁴⁰ to identify potential doublets.

Quality control was applied to clusters based on output of the first round of the pipeline:

1. Clusters with more than 20% cells of which doublet score > 0.4 were defined as doublets clusters.
2. Clusters with more than 20% cells that had > 20% of their transcripts mapped to mitochondrial genes were defined as low-quality clusters.
3. Clusters with more than 20% cells that had < 0.05% of their transcripts mapped to mitochondrial genes

were defined as nuclei.

4. Median expression of PPBP, PF4, HBB, HBA2 > 0, indicating erythrocytes and platelets.
5. Less than 50 cells.
6. Detected gene numbers < 1000.
7. Ratio of mean of total UMIs and mean of detected genes < 2.
8. Scrublet identified doublets.
9. Using DBSCAN⁴¹ to remove outliers.

After removing low-quality cells, we annotated cells by single-cell recognition of cell types (SingleR) algorithm, referring to Monaco immune datasets⁴².

Qualified cells were subjected to downstream analysis. Similarly, we rerun the pipeline to identify main cell types including T cells (CD3D, CD3E, CD3G, CD40LG, CD8A, CD8B), B cells (MS4A1, CD79A, CD79B), NK cells (GNLY, NKG7, TYROBP, NCAM1), and monocytes (CST3, LYZ). In addition, we run the pipeline on each type of cells, respectively, and further identified subtypes based on the SingleR-identified cell types and well-characterized markers (Fig. 3b).

Comparing immune cell proportion

For samples from PBMCs, we calculated immune cell proportions for each major cell type and underlying subtypes. For each sample, the cell-type proportion was calculated by the number of cells in a certain cell type divided by the total number of cells. To identify changes in cell proportions between samples in different groups, we performed a Wilcoxon test on the proportions of each major cell types as well as cell subtypes across different groups (Supplementary Fig. S2). Only those cell types with statistically significant differences ($P < 0.05$) in proportions are shown in Fig. 3e.

Differential expression analysis, gene sets overrepresentation analysis, and score signature modules

To investigate immunological feature alterations, we identified DEGs by muscat algorithm²⁶ with default parameters. Briefly, we first sum-collapsed the data, summing UMIs across cells for each healthy donor, to produce a bulk RNA-seq style UMIs profile for each sample. Afterward, the aggregated counts were loaded onto pbDS function to identify DEGs, and heatmaps were plotted by pbHeatmap function. Gene set overrepresentation analysis of DEGs ($\log_{2}FC > 0.5$ and adjusted $P < 0.05$) were performed using one-sided Fisher's exact test (as implemented in the "gsfisher" R package) with "HALLMARK", "KEGG", and "REACTOME" gene sets derived from MSigDB. Gene sets with $P < 0.05$ were considered to be significant. Signature module scores were calculated via "AddModuleScore" function, with default settings in Seurat. Briefly, for each cell, the score was defined as the average expression of the signature

gene list subtracting the average expression of the corresponding control gene list⁴³. Gene lists used for analysis are provided in Supplementary Table S11.

Metacell analysis

We used the R package “MetaCell”²⁷ to analyze the data. We removed specific mitochondrial genes, immunoglobulin genes, and genes linked to poorly supported transcriptional models (annotated with the prefix “Rp-”). We then filtered cells with less than 500 UMIs. Gene features were selected using the parameter $T_{vm} = 0.08$ and a minimum total UMI count > 100 . We subsequently performed hierarchical clustering of the correlation matrix between those genes (filtering genes with low coverage and computing correlation using a down-sampled UMI matrix) and selected gene clusters containing anchor genes. We used $K = 100$, and 500 bootstrap iterations and otherwise standard parameters. Metacells were annotated by the most abundant cell types composing each metacell.

Gene regulatory network analysis

For identification and scoring of regulon activity, we employed pySCENIC^{28,29} workflow on log-normalized metacells data to determine sets of co-expressed genes. We linked direct targets to their corresponding transcription factors using RcisTarget databases (v1.2.1), and retained putative downstream genes with enriched DNA motifs at 10 kb or 500 bp from the transcription start site (normalized enrichment score > 3). Finally, we used AUCell function to score activity of each regulon across cells in the dataset, which was computed as the sum of genes expressed per regulon and produced binary activity matrices based on cutoffs manually adjusted after inspecting the distributions of AUC scores. Regulon specificity scores (RSS) were calculated by the “regulon_specificity_scores” function from pySCENIC algorithm with default parameters.

Analysis of IFN- α/β response of PBMCs

PBMCs were isolated from heparinized blood by Ficoll-Hypaque at $400\times g$ for 30 min. The PBMCs ($1 \times 10^6 \text{ ml}^{-1}$) of donors before and after vaccination were then seeded in 48-well culture plates with RPMI-1640 containing 5% knockout serum replacement and 0.032% heparin. The next day, medium was exchanged and cells were treated with 100 ng/ml IFN- α and 10 ng/ml IFN- β for 12 h. Some cells were pre-treated with 250 ng/ml RBD for 16 h, followed by IFN- α/β treatment for 12 h. Following washing and extraction of total RNA, real-time quantitative PCR was performed to detect the expression of type I interferon response-associated genes. Fold changes relative to GAPDH were calculated by $2^{-\Delta\Delta C_t}$ and expressed as means \pm SEM. Differences between groups were evaluated using paired Student's *t*-test and considered significant when $P < 0.05$.

Statistical analysis

Clinical data were summarized using mean (standard deviation), median (Q1, Q3), or number (percentage), when appropriate. The Wilcoxon signed-rank test was used to compare paired medians over time for laboratory characteristics. In addition, Wilcoxon sum-rank test was used to compare the median changes from baseline between cohorts A and B. We graded adverse events according to the scale issued by the China National Medical Products Administration (<https://www.nmpa.gov.cn/xxgk/ggtg/qtggtg/20191231111901460.html>) and the judgment of laboratory test results was based on the reference value range of the local population. All statistical tests were two-sided. Statistical significance was defined as $P \leq 0.05$. Statistical analyses were performed using SAS v9.4 (SAS Institute Inc., Cary, NC, USA).

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Author contributions

Z.L., Y.E.S., C.W., and J.L. conceived and designed the study, had full access to all of the data in the study. H.X., C.Z., W.C., H.Z., Q.L., W.G., L.W., Z.S., W.Z., and Y.E.S. generated COVID-19 neutralizing antibody and performed antibody (IgM/IgG) tests. Y.W., C.W., R.Z., Y.S., and W.Z. supplied either patient samples or testing kits. J.W., Q.L., Z.S., Z.X., L.Z., J.S., X.Y., Y.D., and C.Z. were involved in sample preparations and scRNA-seq. J.X. analyzed clinical data and performed statistical analyses, J.L., L.Z., and J.S. were involved in sequencing data bioinformatics analyses. The manuscript was drafted by Y.E.S., J.L., C.W., W.C., H. Z., L.Z., H.X., and Z.L.; and critically revised by all authors.

Data availability

The accession numbers for the sequencing raw data and processed data in this paper are Genome Sequence Archive in BIG Data Center (GSA, Beijing Institute of Genomics, Chinese Academy of Sciences): HRA001150.

Conflict of interest

The authors declare no competing interests.

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Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19

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ABSTRACT

Operation Warp Speed brought to market in the United States two mRNA vaccines, produced by Pfizer and Moderna. Interim data suggested high efficacy for both of these vaccines, which helped legitimize Emergency Use Authorization (EUA) by the FDA. However, the exceptionally rapid movement of these vaccines through controlled trials and into mass deployment raises multiple safety concerns. In this review we first describe the technology underlying these vaccines in detail. We then review both components of and the intended biological response to these vaccines, including production of the spike protein itself, and their potential relationship to a wide range of both acute and long-term induced pathologies, such as blood disorders, neurodegenerative diseases and autoimmune diseases. Among these potential induced pathologies, we discuss the relevance of prion-protein-related amino acid sequences within the spike protein. We also present a brief review of studies supporting the potential for spike protein “shedding”, transmission of the protein from a vaccinated to an unvaccinated person, resulting in symptoms induced in the latter. We finish by addressing a common point of debate, namely, whether or not these vaccines could modify the DNA of those receiving the vaccination. While there are no studies demonstrating definitively that this is happening, we provide a plausible scenario, supported by previously established pathways for transformation and transport of genetic material, whereby injected mRNA could ultimately be incorporated into germ cell DNA for transgenerational transmission. We conclude with our recommendations regarding surveillance that will help to clarify the long-term effects of these experimental drugs and allow us to better assess the true risk/benefit ratio of these novel technologies.

Keywords: *antibody dependent enhancement, autoimmune diseases, gene editing, lipid nanoparticles, messenger RNA, prion diseases, reverse transcription, SARS-CoV-2 vaccines*

Introduction

Unprecedented. This word has defined so much about 2020 and the pandemic related to SARS-CoV-2. In addition to an unprecedented disease and its global response, COVID-19 also initiated an unprecedented process of vaccine research, production, testing, and public distribution (Shaw,

2021). The sense of urgency around combatting the virus led to the creation, in March 2020, of Operation Warp Speed (OWS), then-President Donald Trump's program to bring a vaccine against COVID-19 to market as quickly as possible (Jacobs and Armstrong, 2020).

OWS established a few more unprecedented aspects of COVID-19. First, it brought the US Department of Defense into direct collaboration with US health departments with respect to vaccine distribution (Bonsell, 2021). Second, the National Institutes of Health (NIH) collaborated with the biotechnology company Moderna in bringing an unprecedented type of vaccine against infectious disease to market, one utilizing a technology based on messenger RNA (mRNA) (National Institutes of Health, 2020).

The confluence of these unprecedented events has rapidly brought to public awareness the promise and potential of mRNA vaccines as a new weapon against infectious diseases into the future. At the same time, events without precedent are, by definition, without a history and context against which to fully assess risks, hoped-for benefits, safety, and long-term viability as a positive contribution to public health.

In this paper we will be briefly reviewing one particular aspect of these unprecedented events, namely the development and deployment of mRNA vaccines against the targeted class of infectious diseases under the umbrella of "SARS-CoV-2." We believe many of the issues we raise here will be applicable to any future mRNA vaccine that might be produced against other infectious agents, or in applications related to cancer and genetic diseases, while others seem specifically relevant to mRNA vaccines currently being implemented against the subclass of corona viruses. While the promises of this technology have been widely heralded, the objectively assessed risks and safety concerns have received far less detailed attention. It is our intention to review several highly concerning molecular aspects of infectious disease-related mRNA technology, and to correlate these with both documented and potential pathological effects.

Vaccine Development

Development of mRNA vaccines against infectious disease is unprecedented in many ways.

In a 2018 publication sponsored by the Bill and Melinda Gates Foundation, vaccines were divided into three categories: Simple, Complex, and Unprecedented (Young et al., 2018). Simple and Complex vaccines represented standard and modified applications of existing vaccine technologies. Unprecedented represents a category of

Unprecedented

Many aspects of Covid-19 and subsequent vaccine development are unprecedented for a vaccine deployed for use in the general population. Some of these includes the following.

1. First to use PEG (polyethylene glycol) in an injection (see text)
2. First to use mRNA vaccine technology against an infectious agent
3. First time Moderna has brought any product to market
4. First to have public health officials telling those receiving the vaccination to *expect* an adverse reaction
5. First to be implemented publicly with nothing more than preliminary efficacy data (see text)
6. First vaccine to make no clear claims about reducing infections, transmissibility, or deaths
7. First coronavirus vaccine ever attempted in humans
8. First injection of genetically modified polynucleotides in the general population

vaccine against a disease for which there has never before been a suitable vaccine. Vaccines against HIV and malaria are examples. As their analysis indicates, depicted in Figure 1, unprecedented vaccines are expected to take 12.5 years to develop. Even more ominously, they have a 5% estimated chance of making it through Phase II trials (assessing efficacy) and, of that 5%, a 40% chance of making it through Phase III trials (assessing population benefit). In other words, an unprecedented vaccine was predicted to have a 2% probability of success at the stage of a Phase III clinical trial. As the authors bluntly put it, there is a “low probability of success, especially for unprecedented vaccines.” (Young et al., 2018)

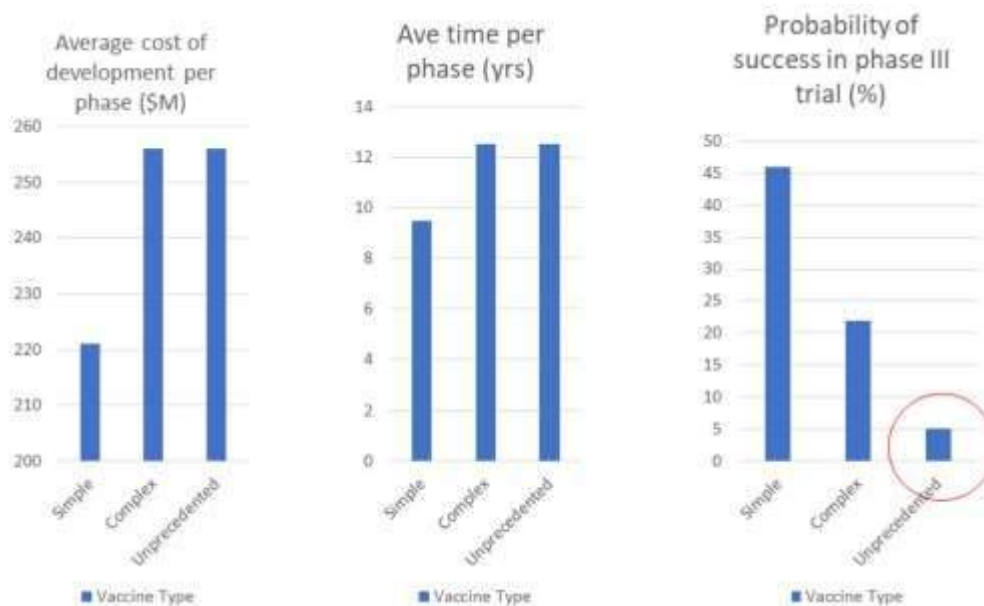


Figure 1. Launching innovative vaccines is costly and time-consuming, with a low probability of success, especially for unprecedented vaccines (adapted from Young et al, 2018).

With that in mind, two years later we have an unprecedented vaccine with reports of 90-95% efficacy (Baden et al. 2020). In fact, these reports of efficacy are the primary motivation behind public support of vaccination adoption (U.S. Department of Health and Human Services, 2020). This defies not only predictions, but also expectations. The *British Medical Journal* (BMJ) may be the only prominent conventional medical publication that has given a platform to voices calling attention to concerns around the efficacy of the COVID-19 vaccines. There are indeed reasons to believe that estimations of efficacy are in need of re-evaluation.

Peter Doshi, an associate editor of the *BMJ*, has published two important analyses (Doshi 2021a, 2021b) of the raw data released to the FDA by the vaccine makers, data that are the basis for the claim of high efficacy. Unfortunately, these were published to the *BMJ*'s blog and not in its peer-reviewed content. Doshi, though, has published a study regarding vaccine efficacy and the questionable utility of vaccine trial endpoints in *BMJ*'s peer reviewed content (Doshi 2020).

A central aspect of Doshi's critique of the preliminary efficacy data is the exclusion of over 3400 “suspected COVID-19 cases” that were not included in the interim analysis of the Pfizer vaccine data submitted to the FDA. Further, a low-but-non-trivial percent of individuals in both Moderna

and Pfizer trials were deemed to be SARS-CoV-1-positive at baseline despite prior infection being grounds for exclusion. For these and other reasons the interim efficacy estimate of around 95% for both vaccines is suspect.

A more recent analysis looked specifically at the issue of relative vs. absolute risk reduction. While the high estimates of risk reduction are based upon relative risks, the absolute risk reduction is a more appropriate metric for a member of the general public to determine whether a vaccination provides a meaningful risk reduction personally. In that analysis, utilizing data supplied by the vaccine makers to the FDA, the Moderna vaccine at the time of interim analysis demonstrated an absolute risk reduction of 1.1% ($p=0.004$), while the Pfizer vaccine absolute risk reduction was 0.7% ($p<0.000$) (Brown 2021).

Others have brought up important additional questions regarding COVID-19 vaccine development, questions with direct relevance to the mRNA vaccines reviewed here. For example, Haidere, et. al. (2021) identify four “critical questions” related to development of these vaccines, questions that are germane to both their safety and their efficacy:

- Will Vaccines Stimulate the Immune Response?
- Will Vaccines Provide Sustainable Immune Endurance?
- How Will SARS-CoV-2 Mutate?
- Are We Prepared for Vaccine Backfires?

Lack of standard and extended preclinical and clinical trials of the two implemented mRNA vaccines leaves each of these questions to be answered over time. It is now only through observation of pertinent physiological and epidemiological data generated by widescale delivery of the vaccines to the general public that these questions will be resolved. And this is only possible if there is free access to unbiased reporting of outcomes -- something that seems unlikely given the widespread censorship of vaccine-related information because of the perceived need to declare success at all cost.

The two mRNA vaccines that have made it through phase 3 trials and are now being delivered to the general population are the Moderna vaccine and the Pfizer-BioNTech vaccine. The vaccines have much in common. Both are based on mRNA encoding the spike protein of the SARS-CoV-2 virus. Both demonstrated a relative efficacy rate of 94-95%. Preliminary indications are that antibodies are still present after three months. Both recommend two doses spaced by three or four weeks, and recently there are reports of annual booster injections being necessary (Mahose, 2021). Both are delivered through muscle injection, and both require deep-freeze storage to keep the RNA from breaking down. This is because, unlike double-stranded DNA which is very stable, single-strand RNA products are apt to be damaged or rendered powerless at warm temperatures and must be kept extremely cold to retain their potential efficacy (Pushparajah et al., 2021). It is claimed by the manufacturers that the Pfizer vaccine requires storage at -94 degrees Fahrenheit (-70 degrees Celsius), which makes it very challenging to transport it and keep it cold during the interim before it is finally administered. The Moderna vaccine can be stored for 6 months at -4 degrees Fahrenheit (-20 degrees Celsius), and it can be stored safely in the refrigerator for 30 days following thawing (Zimmer et al., 2021).

Two other vaccines that are now being administered under emergency use are the Johnson & Johnson vaccine and the AstraZeneca vaccine. Both are based on a vector DNA technology that is very different from the technology used in the mRNA vaccines. While these vaccines were also rushed to market with insufficient evaluation, they are not the subject of this paper so we will just describe briefly how they are developed. These vaccines are based on a defective version of an adenovirus, a double-stranded DNA virus that causes the common cold. The adenovirus has been genetically modified in two ways, such that it cannot replicate due to critical missing genes, and its genome has been augmented with the DNA code for the SARS-CoV-2 spike protein. AstraZeneca's production involves an immortalized human cell line called Human Embryonic Kidney (HEK) 293, which is grown in culture along with the defective viruses (Dicks et al., 2012). The HEK cell line was genetically modified back in the 1970s by augmenting its DNA with segments from an adenovirus that supply the missing genes needed for replication of the defective virus (Louis et al., 1997). Johnson & Johnson uses a similar technique based on a fetal retinal cell line. Because the manufacture of these vaccines requires genetically modified human tumor cell lines, there is the potential for human DNA contamination as well as many other potential contaminants.

The media has generated a great deal of excitement about this revolutionary technology, but there are also concerns that we may not be realizing the complexity of the body's potential for reactions to foreign mRNA and other ingredients in these vaccines that go far beyond the simple goal of tricking the body into producing antibodies to the spike protein.

In the remainder of this paper, we will first describe in more detail the technology behind mRNA vaccines. We devote several sections to specific aspects of the mRNA vaccines that concern us with regard to potential for both predictable and unpredictable negative consequences. We conclude with a plea to governments and the pharmaceutical industry to consider exercising greater caution in the current undertaking to vaccinate as many people as possible against SARS-CoV-2.

Technology of mRNA Vaccines

In the early phase of nucleotide-based gene therapy development, there was considerably more effort invested in gene delivery through DNA plasmids rather than through mRNA technology. Two major obstacles for mRNA are its transient nature due to its susceptibility to breakdown by RNAses, as well as its known power to invoke a strong immune response, which interferes with its transcription into protein. Plasmid DNA has been shown to persist in muscle up to six months, whereas mRNA almost certainly disappears much sooner. For vaccine applications, it was originally thought that the immunogenic nature of RNA could work to an advantage, as the mRNA could double as an adjuvant for the vaccine, eliminating the arguments in favor of a toxic additive like aluminum. However, the immune response results not only in an inflammatory response but also the rapid clearance of the RNA and suppression of transcription. So this idea turned out not to be practical.

There was an extensive period of time over which various ideas were explored to try to keep the mRNA from breaking down before it could produce protein. A major advance was the realization that substituting methyl-pseudouridine for all the uridine nucleotides would stabilize RNA against degradation, allowing it to survive long enough to produce adequate amounts of protein antigen

needed for immunogenesis (Liu, 2019). This form of mRNA delivered in the vaccine is never seen in nature, and therefore has the potential for unknown consequences.

The Pfizer-BioNTech and Moderna mRNA vaccines are based on very similar technologies, where a lipid nanoparticle encloses an RNA sequence coding for the full-length SARS-CoV-2 spike protein. In the manufacturing process, the first step is to assemble a DNA molecule encoding the spike protein. This process has now been commoditized, so it's relatively straightforward to obtain a DNA molecule from a specification of the sequence of nucleotides (Corbett et al., 2020). Following a cell-free in vitro transcription from DNA, utilizing an enzymatic reaction catalyzed by RNA polymerase, the single-stranded RNA is stabilized through specific nucleoside modifications, and highly purified.

The company Moderna, in Cambridge, MA, is one of the developers of deployed mRNA vaccines for SARS-CoV-2. Moderna executives have a grand vision of extending the technology for many applications where the body can be directed to produce therapeutic proteins not just for antibody production but also to treat genetic diseases and cancer, among others. They are developing a generic platform where DNA is the storage element, messenger RNA is the “software” and the proteins that the RNA codes for represent diverse application domains. The vision is grandiose and the theoretical potential applications are vast (Moderna, 2020). The technology is impressive, but manipulation of the code of life could lead to completely unanticipated negative effects, potentially long term or even permanent.

SARS-CoV-2 is a member of the class of positive-strand RNA viruses, which means that they code directly for the proteins that the RNA encodes, rather than requiring a copy to an antisense strand prior to translation into protein. The virus consists primarily of the single-strand RNA molecule packaged up inside a protein coat, consisting of the virus's structural proteins, most notably the spike protein, which facilitates both viral binding to a receptor (in the case of SARS-CoV-2 this is the ACE2 receptor) and virus fusion with the host cell membrane. The SARS-CoV-2 spike protein is the primary target for neutralizing antibodies. It is a class I fusion glycoprotein, and it is analogous to haemagglutinin produced by influenza viruses and the fusion glycoprotein produced by syncytial viruses, as well as gp160 produced by human immunodeficiency virus (HIV) (Corbett et al., 2020).

The mRNA vaccines are the culmination of years of research in exploring the possibility of using RNA encapsulated in a lipid particle as a messenger. The host cell's existing biological machinery is co-opted to facilitate the natural production of protein from the mRNA. The field has blossomed in part because of the ease with which specific oligonucleotide DNA sequences can be synthesized in the laboratory without the direct involvement of living organisms. This technology has become commoditized and can be done at large-scale, with relatively low cost. Enzymatic conversion of DNA to RNA is also straightforward, and it is feasible to isolate essentially pure single-strand RNA from the reaction soup (Kosuri and Church, 2014).

1. Considerations in mRNA Selection and Modification

While the process is simple in principle, the manufacturers of mRNA vaccines do face some considerable technical challenges. The first, as we've discussed, is that extracellular mRNA itself can induce an immune response which would result in its rapid clearance before it is even taken up by

cells. So, the mRNA needs to be encased in a nanoparticle that will keep it hidden from the immune system. The second issue is getting the cells to take up the nanoparticles. This can be solved in part by incorporating phospholipids into the nanoparticle to take advantage of natural pathways of lipid particle endocytosis. The third problem is to activate the machinery that is involved in translating RNA into protein. In the case of SARS-CoV-2, the protein that is produced is the spike protein. Following spike protein synthesis, antigen-presenting cells need to present the spike protein to T cells, which will ultimately produce protective memory antibodies (Moderna, 2020). This step is not particularly straightforward, because the nanoparticles are mostly taken up by muscle cells, which, being immobile, are not necessarily equipped to launch an immune response. As we will see, the likely scenario is that the spike protein is synthesized by muscle cells and then handed over to macrophages acting as antigen-presenting cells, which then launch the standard B-cell-based antibody-generating cascade response.

The mRNA that is enclosed in the vaccines undergoes several modification steps following its synthesis from a DNA template. Some of these steps involve preparing it to look exactly like a human mRNA sequence appropriately modified to support ribosomal translation into protein. Other modifications have the goal of protecting it from breakdown, so that sufficient protein can be produced to elicit an antibody response. Unmodified mRNA induces an immune response that leads to high serum levels of interferon- α (IF- α), which is considered an undesirable response. However, researchers have found that replacing all of the uridines in the mRNA with N-methyl-pseudouridine enhances stability of the molecule while reducing its immunogenicity (Karikó et al. 2008; Corbett et al., 2020). This step is part of the preparation of the mRNA in the vaccines, but, in addition, a 7-methylguanosine “cap” is added to the 5’ end of the molecule and a poly-adenine (poly-A) tail, consisting of 100 or more adenine nucleotides, is added to the 3’ end. The cap and tail are essential in maintaining the stability of the mRNA within the cytosol and promoting translation into protein (Schlake et al., 2012; Gallie, 1991).

Normally, the spike protein flips very easily from a pre-fusion configuration to a post-fusion configuration. The spike protein that is in these vaccines has been tweaked to encourage it to favor a stable configuration in its prefusion state, as this state provokes a stronger immune response (Jackson et al., 2020). This was done via a “genetic mutation,” by replacing a critical two-residue segment with two proline residues at positions 986 and 987, at the top of the central helix of the S2 subunit (Wrapp et al., 2020). Proline is a highly inflexible amino acid, so it interferes with the transition to the fusion state. This modification provides antibodies much better access to the critical site that supports fusion and subsequent cellular uptake. But might this also mean that the genetically modified version of the spike protein produced by the human host cell following instructions from the vaccine mRNA lingers in the plasma membrane bound to ACE2 receptors because of impaired fusion capabilities? What might be the consequence of this? We don’t know.

Researchers in China published a report in *Nature* in August 2020 in which they presented data on several experimental mRNA vaccines where the mRNA coded for various fragments and proteins in the SARS-CoV-2 virus. They tested three distinct vaccine formulations for their ability to induce an appropriate immune response in mice. The three structural proteins, S (spike), M and E are minimal requirements to assemble a “virus-like particle” (VLP). Their hypothesis was that providing M and E as well as the S spike protein in the mRNA code would permit the assembly of VLPs that might

elicit an improved immune response, because they more closely resemble the natural virus than S protein exposed on the surface of cells that have taken up only the S protein mRNA from the vaccine nanoparticles. They were also hoping that critical fragments of the spike protein would be sufficient to induce immunity, rather than the entire spike protein, if viral-like particles could be produced through augmentation with M and E (Lu et al., 2020).

They confirmed experimentally that a vaccine containing the complete genes for all three proteins elicited a robust immune response that lasted for at least eight weeks following the second dose of the vaccine. Its performance was far superior to that of a vaccine containing only the spike protein. Disappointingly, a vaccine that contained only critical components of the spike protein, augmented with the other two envelope proteins, elicited practically no response.

Moderna researchers have conducted similar studies with similar results. They concluded that the spike protein alone was clearly inferior to a formulation containing RNA encoding all three envelope proteins, and they hypothesized that this was due to the fact that all three proteins were needed to allow the cell to release intact virus-like particles, rather than to just post the spike protein in the plasma membrane. The spike protein alone failed to initiate a T cell response in animal studies, whereas the formulation with all three proteins did (Corbett et al., 2020).

The two emergency-approved vaccines only contain mRNA code for spike protein (without E or M), and there must have been a good reason for this decision, despite its observed poor performance. It is possible that more sophisticated design of the lipid nanoparticle (see below) resulted in the ability to have the lipids serve as an adjuvant (similar to aluminum that is commonly added to traditional vaccines) while still protecting the RNA from degradation.

Another curious modification in the RNA code is that the developers have enriched the sequence in cytosines and guanines (Cs and Gs) at the expense of adenines and uracils (As and Us). They have been careful to replace only the third position in the codon in this way, and only when it does not alter the amino acid map (Hubert, 2020). It has been demonstrated experimentally that GC-rich mRNA sequences are expressed (translated into protein) up to 100-fold more efficiently than GC-poor sequences (Kudla et al., 2006). So this appears to be another modification to further assure synthesis of abundant copies of the spike protein. We do not know the unintended consequences of this maneuver. Intracellular pathogens, including viruses, tend to have low GC content compared to the host cell's genome (Rocha and Danchin, 2020). So, this modification may have been motivated in part by the desire to enhance the effectiveness of the deception that the protein is a human protein.

All of these various modifications to the RNA are designed to make it resist breakdown, appear more like a human messenger RNA protein-coding sequence, and efficiently translate into antigenic protein.

2. Lipid Nanoparticle Construction

Lipid nanoparticles (LNPs), also known as liposomes, can encapsulate RNA molecules, protecting them from enzymatic degradation by ribonucleases, and thus they form an essential ingredient of a successful delivery method (Wadhwa et al., 2020; Xu et al., 2020). These artificial constructs closely resemble exosomes. Exosomes are extracellular vesicles secreted by cells and taken up by their

neighbors, and they also often embed DNA or RNA. Thus, these nanoparticles can take advantage of natural endocytosis processes that normally internalize extracellular exosomes into endosomes. As the endosome acidifies to become a lysosome, the mRNA is released into the cytoplasm, and this is where translation into protein takes place. Liposomes have actually been found to be more successful at enhancing antigen presentation and maturation of dendritic cells, when compared to fusion proteins that encapsulate virus-based vaccines (Norling et al., 2019).

The lipid nanoparticles (LNPs) in these vaccines are composed of ionizable cationic lipids, phospholipids, cholesterol and polyethylene glycol (PEG). Together, this mixture assembles into a stable lipid bilayer around the mRNA molecule. The phospholipids in these experimental vaccines consist of a phosphatidylcholine headgroup connected to two saturated alkyl tails through a glycerol linker. The lipid used in these vaccines, named 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), has 18 repeat carbon units. The relatively long chain tends to form a gel phase rather than a fluid phase. Molecules with shorter chains (such as a 12-carbon chain) tend to stay in a fluid phase instead. Gel phase liposomes utilizing DSPC have been found to have superior performance in protecting RNA from degradation because the longer alkyl chains are much more constrained in their movements within the lipid domain. They also appear to be more efficient as an adjuvant, increasing the release of the cytokines tumor necrosis factor- α (TNF- α), interleukin (IL)-6 and IL-1 β from exposed cells (Norling et al., 2019). However, their ability to induce an inflammatory response may be the cause of the many symptoms people are experiencing, such as pain, swelling, fever and sleepiness. A study published in bioRxiv verified experimentally that these ionizable cationic lipids in lipid nanoparticles induce a strong inflammatory response in mice (Ndeupen et al., 2021).

The current mRNA vaccines are delivered through intramuscular injection. Muscles contain a large network of blood vessels where immune cells can be recruited to the injection site (Zeng et al., 2020). Muscle cells generally can enhance an immune reaction once immune cells infiltrate, in response to an adjuvant (Marino et al., 2011). Careful analysis of the response to an mRNA vaccine, administered to mice, revealed that antigen is expressed initially within muscle cells and then transferred to antigen-presenting cells, suggesting “cross-priming” as the primary path for initiating a CD8 T cell response (Lazzaro et al., 2015). One can speculate that muscle cells make use of an immune response that is normally used to deal with misfolded human proteins. Such proteins induce upregulation of major histocompatibility complex (MHC) class II proteins, which then bind to the misfolded proteins and transport them intact to the plasma membrane (Jiang et al., 2013).

The MHC-bound surface protein then induces an inflammatory response and subsequent infiltration of antigen-presenting cells (e.g., dendritic cells and macrophages) into the muscle tissue, which then take up the displayed proteins and carry them into the lymph system to present them to T cells. These T cells can then finally launch the cascade that ultimately produces memory antibodies specific to the protein. Muscle cells do express MHC class II proteins (Cifuentes-Diaz et al., 1992). As contrasted with class I, class II MHC proteins specialize in transporting intact proteins to the surface as opposed to small peptide sequences derived from the partial breakdown of the proteins (Jiang et al., 2013).

An in vitro study on non-human primates demonstrated that radiolabeled mRNA moved from the injection site into the draining lymph node and remained there for at least 28 hours. Antigen

presenting cells (APCs) in both the muscle tissue as well as the draining lymph nodes were shown to contain radiolabeled mRNA (Lindsay et al., 2019). Classical APCs include dendritic cells, macrophages, Langerhans cells (in the skin) and B cells. Many of the side effects associated with these vaccines involve pain and inflammation at the injection site, as would be expected given the rapid infiltration of immune cells.

Lymphadenopathy is an inflammatory state in the lymph system associated with swollen lymph nodes. Swollen lymph nodes in the arm pit (axillary lymphadenopathy) is a feature of metastatic breast cancer. A paper published in 2021 described four cases of women who developed axillary lymphadenopathy following a SARS-CoV-2 vaccine (Mehta et al., 2021). The authors urged caution in misinterpreting this condition as an indicator requiring biopsy follow-up for possible breast cancer. This symptom corroborates tracer studies showing that the mRNA vaccine is predominantly taken up by APCs that then presumably synthesize the antigen (spike protein) from the mRNA and migrate into the lymph system, displaying spike protein on their membranes.

A list of the most common adverse effects reported by the FDA that were experienced during the Pfizer-BioNTech clinical trials include “injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, malaise, and lymphadenopathy.” (US Food and Drug Administration, 2021).

We turn now to individual molecular and organ system concerns that arise with these mRNA vaccines.

Adjuvants, Polyethylene Glycol, and Anaphylaxis

Adjuvants are vaccine additives intended to “elicit distinctive immunological profiles with regard to the direction, duration, and strength of immune responses” from the vaccines to which they are added (Liang et al., 2020). Alum or other aluminum compounds are most commonly utilized in traditional vaccines, and they elicit a wide range of systemic immune activation pathways as well as stromal cell activation at the site of the injection (Lambrecht et al., 2009; Danielsson & Eriksson, 2021).

An aluminum-based adjuvant was determined not to be optimal for a coronavirus vaccine, so other solutions were sought (Liang et al., 2020). A solution presented itself in the form of the widely used pharmaceutical ingredient polyethylene glycol, or PEG. A limiting factor in the use of nucleic-acid-based vaccines is the tendency for the nucleic acids to be quickly degraded by nuclease enzymes (Ho et al., 2021). Regarding the RNase enzymes targeting injected mRNA, these enzymes are widely distributed both intracellularly (primarily within the lysosomes) (Fujiwara et al., 2017) and extracellularly (Lu et al., 2018). To overcome this limitation, both mRNA vaccines currently deployed against COVID-19 utilize lipid-based nanoparticles as delivery vehicles. The mRNA cargo is placed inside a shell composed of synthetic lipids and cholesterol, along with PEG to stabilize the mRNA molecule against degradation.

The vaccine produced by Pfizer/BioNTech creates nanoparticles from 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, or ALC-0159, commonly abbreviated simply as PEG (World Health Organization, 2021, January 14). The Moderna vaccine contains another PEG variant, SM-102, 1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol2000 (World Health Organization,

2021, January 19). For convenience we will abbreviate both PEG-modified lipids as PEG, and refer to the vaccines as PEGylated according to standard nomenclature.

The lipid shell plays a triple role. First, it protects the genetic material from degradation prior to cellular uptake. Second, the lipid shell, which also contains cholesterol, facilitates cellular uptake through fusion with the lipid membrane of the cell and subsequent endocytosis of the lipid particle, invoking naturally existing processes. And finally, it acts as an adjuvant (Ho et al., 2021). It is in this latter role as immune stimulant that most concerns have been raised regarding the widespread use of PEG in an injection therapy.

In an article published in May 2019, prior to large clinical trials involving these PEGylated vaccines, Mohamed et. al. (2019) described a number of concerning findings regarding PEG and the immunological activation it had been shown to produce, which includes humoral, cell-mediated, and complement-based activation. They note that, paradoxically, large injection doses of PEG cause no apparent allergic reaction. Small doses, though, can lead to dramatic pathological immune activation. Vaccines employing PEGylation utilize micromolar amounts of these lipids, constituting this potentially immunogenic low-dose exposure.

In animal studies it has been shown that complement activation is responsible for both anaphylaxis and cardiovascular collapse, and injected PEG activates multiple complement pathways in humans as well. The authors of one study conclude by noting that “This cascade of secondary mediators substantially amplifies effector immune responses and may induce anaphylaxis in sensitive individuals. Indeed, recent studies in pigs have demonstrated that systemic complement activation (e.g., induced following intravenous injection of PEGylated liposomes) can underlie cardiac anaphylaxis where C5a played a causal role.” (Hamad et al., 2008) It is also important to note that anaphylactoid shock in pigs occurred not with first injected exposure, but following second injected exposure (Kozma et al., 2019).

The presence of antibodies against PEG is widespread in the population (Zhou et al., 2020). Yang and Lai (2015) found that around 42% of blood samples surveyed contained anti-PEG antibodies, and they warn that these could have important consequences for any PEG-based therapeutics introduced. Hong et. al. (2020) found anti-PEG antibodies with a prevalence up to 72% in populations with no prior exposure to PEG-based medical therapy. Lila et. al. (2018) note that the “existence of such anti-PEG antibodies has been intimately correlated with an impairment of therapeutic efficacy in tandem with the development of severe adverse effects in several clinical settings employing PEGylated-based therapeutics.”

Anaphylaxis to vaccines has previously been assumed to be rare based on the frequency of such events reported to VAERS, a database established by the Centers for Disease Control and Prevention in 1990 for reporting of adverse events related to vaccines (Centers for Disease Control and Prevention, 1990; Su et al., 2019). While rare, anaphylaxis can be life-threatening, so it is important to monitor for the possibility in the short period following vaccination (McNeil et al., 2016).

Sellaturay et. al., after reviewing 5 cases of anaphylaxis they link to PEG exposure, one near-fatal and involving cardiac arrest, write, “PEG is a high-risk ‘hidden’ allergen, usually unsuspected and can cause frequent allergic reactions due to inadvertent re-exposure. Allergy investigation carries the risk

of anaphylaxis and should be undertaken only in specialist drug allergy centres.” (Sellaturay et al., 2020). In fact it has already been demonstrated that pre-existing antibodies to PEG are linked to more common and more severe reactions upon re-exposure (Ganson et al., 2016).

Is anaphylaxis upon exposure to PEG happening with a frequency relevant to public health? Numerous studies have now documented the phenomenon (Lee et al., 2015; Povsic et al., 2016; Wylon et al., 2016). Anaphylactic reactions to the mRNA vaccines are widely reported in the media (Kelso, 2021) and, as noted above, have been frequently reported in the VAERS database (690 reports of anaphylaxis following SARS-CoV-2 vaccines up to January 29, 2021). There are also some initial case studies published in the peer-reviewed literature (Garvey & Nasser, 2020; CDC COVID-19 Response Team, 2021, January 15). Anaphylaxis reactions to vaccines prior to these COVID-19 vaccines were generally reported at rates less than 2 cases per million vaccinations (McNeil et al., 2016), while the current rate with the COVID-19 vaccinations was reported by the CDC to be more than 11 cases per million (CDC COVID-19 Response Team, 2021, January 29). However, a published prospective study on 64,900 medical employees, where their reactions to their first mRNA vaccination were carefully monitored, found that 2.1% of the subjects reported acute allergic reactions. A more extreme reaction involving anaphylaxis occurred at a rate of 247 per million vaccinations (Blumenthal et al., 2021). This is more than 21 times as many as were initially reported by the CDC. The second injection exposure is likely to cause even larger numbers of anaphylactic reactions.

mRNA Vaccines, Spike Proteins, and Antibody-Dependent Enhancement (ADE)

ADE is an immunological phenomenon first described in 1964 (Hawkes et al., 1964). In that publication Hawkes described a set of experiments in which cultures of flavivirus were incubated with avian sera containing high titers of antibodies against those viruses. The unexpected finding was that, with increasingly high dilutions of the antibody-containing sera, cell infectivity was *enhanced*. Lack of an explanation for how this could happen is likely responsible for its being largely ignored for almost 20 years (Morens et al., 1994).

Multiple pathways have been proposed through which antibodies both directly and indirectly participate in the neutralization of infections (Lu et al., 2018b). ADE is a special case of what can happen when low, non-neutralizing levels of either specific or cross-reactive antibodies against a virus are present at the time of infection. These antibodies might be present due to prior exposure to the virus, exposure to a related virus, or due to prior vaccination against the virus. Upon reinfection, antibodies in insufficient numbers to neutralize the virus nevertheless bind to the virus. These antibodies then dock at the Fc receptor on cell surfaces, facilitating viral entry into the cell and subsequently enhancing the infectivity of the virus (Wan et. al., 2020).

ADE is believed to underlie the more severe dengue fever often observed in those with previous exposure (Beltramello et al., 2010), and might also play a role in more severe disease among those previously vaccinated against the disease (Shukla et al., 2020). ADE is also believed to play a role in Ebola (Takada et al., 2003), zika virus infection (Bardina et al., 2017), and other flavivirus infections (Campos et al., 2020).

In an extended correspondence published in *Nature Biotechnology*, Eroshenko et. al. offer a comprehensive review of evidence suggesting that ADE could become manifest with any vaccinations employed against SARS-CoV-2. Importantly, they note that ADE has been observed with coronavirus vaccines tested in both *in vitro* and *in vivo* models (Eroshenko et al., 2020). Others have warned about the same possibility with SARS-CoV-2 vaccines. A theory for how ADE might occur in the case of a SARS-CoV-2 vaccine suggests that non-neutralizing antibodies form immune complexes with viral antigens to provoke excessive secretion of pro-inflammatory cytokines, and, in the extreme case, a cytokine storm causing widespread local tissue damage (Lee et al., 2020). One extensive review of ADE potentially associated with SARS-CoV-2 vaccines noted, “At present, there are no known clinical findings, immunological assays or biomarkers that can differentiate any severe viral infection from immune-enhanced disease, whether by measuring antibodies, T cells or intrinsic host responses” (Arvin et al. 2020; Liu et al., 2019). We will return to this point again below.

Preexisting immunoglobulin G (IgG) antibodies, induced by prior vaccination, contribute to severe pulmonary damage by SARS-CoV in macaques (Liu et al., 2019). Peron and Nakaya (2020) provide evidence suggesting that the much more diverse range of prior exposures to coronaviruses experienced by the elderly might predispose them to ADE upon exposure to SARS-CoV-2. A concerning pre-print article reported that plasma from 76% of patients who had recovered from severe COVID-19 disease, when added to cultures of SARS-CoV-2 and susceptible cells, exhibited enhanced ability for SARS-CoV-2 viral infection of Raji cells (Wu et al., 2020). The authors note that “the antibody titers [against the spike protein] were higher in elderly patients of COVID-19, and stronger antibody response was associated with delayed viral clearance and increased disease severity in patients. Hence it is reasonable to speculate that S protein-specific antibodies may contribute to disease severity during SARS-CoV-2 infection.” (Wu et al., 2020)

It has been reported that all three US vaccine manufacturers – Moderna, Pfizer, and Johnson & Johnson – are working to develop booster shots (Zaman 2021). With tens of millions of young adults and even children now with vaccine-induced coronavirus spike protein antibodies, there exists the possibility of triggering ADE related to either future SARS-CoV-2 infection or booster injection among this younger population. Time will tell.

The mRNA vaccines ultimately deliver the highly antigenic spike protein to antigen-presenting cells. As such, monoclonal antibodies against the spike protein are the expected outcome of the currently deployed mRNA vaccines. Human spike protein monoclonal antibodies were found to produce high levels of cross-reactive antibodies against endogenous human proteins (Vojdani et. al., 2021; reviewed in more detail below). Given evidence only partially reviewed here, there is sufficient reason to suspect that antibodies to the spike protein will contribute to ADE provoked by prior SARS-CoV-2 infection or vaccination, which may manifest as either acute or chronic autoimmune and inflammatory conditions. We have noted above that it is not possible to distinguish an ADE manifestation of disease from a true, non-ADE viral infection. In this light it is important to recognize that, when diseases and deaths occur shortly after vaccination with an mRNA vaccine, it can never be definitively determined, even with a full investigation, that the vaccine reaction was *not* a proximal cause.

Pathogenic Priming, Multisystem Inflammatory Disease, and Autoimmunity

Pathogenic priming is a concept that is similar in outcome to ADE, but different in the underlying mechanism. We discuss it here as a unique mechanism through which the mRNA vaccines could provoke associated pathologies.

In April 2020 an important paper was published regarding the potential for self-reactive antibodies to be generated following exposure to the spike protein and other antigenic epitopes spread over the length of SARS-CoV-2. Lyons-Weiler (2020) coined the phrase “pathogen priming” because he believed the more commonly used “immune enhancement” fails to capture the severity of the condition and its consequences. In his *in silico* analysis, Lyons-Weiler compared all antigenic SARS-CoV-2 protein epitopes flagged in the SVMTriP database (<http://sysbio.unl.edu/SVMTriP/>) and searched the p-BLAST database (<https://blast.ncbi.nlm.nih.gov/Blast.cgi>) for homology between those epitopes and endogenous human proteins. Of the 37 SARS-CoV-2 proteins analyzed, 29 had antigenic regions. All but one of these 29 had homology with human proteins (putative self-antigens) and were predicted to be autoreactogenic. The largest number of homologies were associated with the spike (S) protein and the NS3 protein, both having 6 homologous human proteins.

A functional analysis of the endogenous human proteins homologous with viral proteins found that over 1/3 of them are associated with the adaptive immune system. The author speculates that prior virus exposure or prior vaccination, either of which could initiate antibody production that targets these endogenous proteins, may be playing a role in the development of more severe disease in the elderly in particular. In this case the pre-existing antibodies act to suppress the adaptive immune system and lead to more severe disease.

Another group (Ehrenfeld et. al., 2020), in a paper predominantly about the wide range of autoimmune diseases found in association with a prior SARS-CoV-2 infection, also investigated how the spike protein could trigger such a range of diseases. They report, in Table 1 of that reference, strings of heptapeptides within the human proteome that overlap with the spike protein generated by SARS-CoV-2. They identified 26 heptapeptides found in humans and in the spike protein. It is interesting to note that 2 of the 26 overlapping heptapeptides were found to be sequential, a strikingly long string of identical peptides to be found in common between endogenous human proteins and the spike protein. Commenting on the overlapping peptides they had discovered and the potential for this to drive many types of autoimmunity simultaneously, they comment, “The clinical scenario that emerges is upsetting.” Indeed, it is.

In May of 2020 another important paper in this regard was published by Vojdani and Kharrazian (2020). The authors used both mouse and rabbit monoclonal antibodies against the 2003 SARS spike protein to test for reactivity against not only the spike protein of SARS-CoV-2, but also against several endogenous human proteins. They discovered that there was a high level of binding not only with the SARS-CoV-2 spike protein, but against a wide range of endogenous proteins. “[W]e found that the strongest reactions were with transglutaminase 3 (tTG3), transglutaminase 2 (tTG2), ENA, myelin basic protein (MBP), mitochondria, nuclear antigen (NA), α -myosin, thyroid peroxidase (TPO), collagen, claudin 5+6, and S100B.” (Vojdani and Kharrazian, 2020).

These important findings need to be emphasized. Antibodies with a high binding affinity to SARS-CoV-2 spike and other proteins also have a high binding affinity with tTG (associated with Celiac Disease), TPO (Hashimoto's thyroiditis), myelin basic protein (multiple sclerosis), and several endogenous proteins. Unlike the autoimmune process associated with pathogen priming, these autoimmune diseases typically take years to manifest symptomatically.

The autoantibodies generated by the spike protein predicted by Lyons-Weiler (2020) and described above were confirmed with an in vitro study published more recently. In this follow-on paper, Vojdani et. al., (2021) looked again at the issue of cross-reactivity of antibodies, this time using human monoclonal antibodies (mAbs) against the SARS-CoV-2 spike protein rather than mouse and rabbit mAbs. Their results confirmed and extended their prior findings. "At a cutoff of 0.32 OD [optical density], SARS-CoV-2 membrane protein antibody reacted with 18 out of the 55 tested antigens." These 18 endogenous antigens encompass reactivity to tissue in liver, mitochondria, the nervous and digestive system, the pancreas, and elsewhere in the body.

In a report on multisystem inflammatory syndrome in children (MIS-C), Carter et. al. (2020) studied 23 cases. Seventeen of 23 (68%) patients had serological evidence of prior SARS-CoV-2 infection. Of the three antibodies assessed in the patient population (nucleocapsid, RBD, and spike), IgG spike protein antibody optical density (which quantifies antibody concentrations against a standardized curve (Wikipedia, 2021)), was highest (see Figure 1d in Carter et al., 2020).

MIS-C is now commonly speculated to be an example of immune priming by prior exposure to SARS-CoV-2 or to other coronaviruses. Buonsenso et. al. (2020) reviewed multiple immunologic similarities between MIS-C and disease related to prior β -hemolytic Group A streptococcal infection (GAS). The authors write, "We can speculate that children's multiple exposition to SARS-CoV-2 with parents with COVID-19 can work as a priming of the immune system, as happens with GAS infection and, in genetically predisposed children, lead to [MIS-C] development. Another hypothesis is that previous infections with other coronaviruses, much more frequent in the pediatric population, may have primed the child immune system to SARS-CoV-2 virus."

In June 2019 Galeotti and Bayry (2020) reviewed the occurrence of both autoimmune and inflammatory diseases in patients with COVID-19. They focus their analysis on MIS-C. After reviewing several previously published reports of a temporal link between COVID-19 and onset of MIS-C and describing a number of possible mechanistic connections between the two, the authors noted that no causal link had been established. In a somewhat prescient recommendation, they wrote, "A fine analysis of homology between various antigens of SARS-CoV-2 and self-antigens, by use of in silico approaches and validation in experimental models, should be considered in order to confirm this hypothesis." It is precisely this type of in silico analysis carried out by Lyons-Weiler (2020) and by Ehrenfeld et. al. (2020) described in the opening paragraphs of this section which found the tight homology between viral antigens and self-antigens. While this may not definitively confirm the causal link hypothesized by Galeotti and Bayry, it is strong supporting evidence.

Autoimmunity is becoming much more widely recognized as a sequela of COVID-19. There are multiple reports of previously healthy individuals who developed diseases such as idiopathic thrombocytopenic purpura, Guillain-Barré syndrome and autoimmune haemolytic anaemia (Galeotti and Bayry, 2020). There are three independent case reports of systemic lupus erythematosus (SLE)

with cutaneous manifestations following symptomatic COVID-19. In one case a 39-year-old male had SLE onset two months following outpatient treatment for COVID-19 (Zamani et.al., 2021). Another striking case of rapidly progressing and fatal SLE with cutaneous manifestations is described by Slimani et.al. (2021).

Autoantibodies are very commonly found in COVID-19 patients, including antibodies found in blood (Vlachoyiannopoulos et. al., 2020) and cerebrospinal fluid (CSF) (Franke et. al., 2021). Though SARS-CoV-2 is not found in the CSF, it is theorized that the autoantibodies created in response to SARS-CoV-2 exposure may lead to at least some portion of the neurological complications documented in COVID-19 patients. One important Letter to the Editor submitted to the journal *Arthritis & Rheumatology* by Bertin et. al. (2020) noted the high prevalence and strong association ($p=0.009$) of autoantibodies against cardiolipin in COVID-19 patients with severe disease.

Zuo et. al. (2020) found anti-phospholipid autoantibodies in 52% of hospitalized COVID-19 patients and speculated that these antibodies contribute to the high incidence of coagulopathies in these patients. Schiaffino et. al. (2020) reported that serum from a high percentage of hospitalized COVID-19 patients contained autoantibodies reactive to the plasma membrane of hepatocytes and gastric cells. One patient with Guillain-Barre Syndrome was found to have antibody reactivity in cerebrospinal fluid (CSF), leading the authors to suggest that cross-reactivity with proteins in the CSF could lead to neurological complications seen in some COVID-19 patients. In a more recent review, Gao et. al. (2021) noted high levels of autoantibodies in COVID-19 patients across multiple studies. They conclude, “[O]ne of the potential side effects of giving a mass vaccine could be an emergence [sic] of autoimmune diseases especially in individuals who are genetically prone for autoimmunity.”

A recent publication compiles a great deal of evidence that autoantibodies against a broad range of receptors and tissue can be found in individuals who have had previous SARS-CoV-2 infection. “All 31 former COVID-19 patients had between 2 and 7 different GPCR- ϵ AABs [G-protein coupled receptor functional autoantibodies] that acted as receptor agonists.” (Wallukat et. al. 2021) The diversity of GPCR- ϵ AABs identified, encompassing both agonist and antagonist activity on target receptors, strongly correlated with a range of post-COVID-19 symptoms, including tachycardia, bradycardia, alopecia, attention deficit, PoTS, neuropathies, and others.

The same study, referencing the autoantibodies predicted by Lyons-Weiler (2020) mentioned above, notes with obvious grave concern: “The Sars-CoV-2 spike protein is a potential epitopic target for biomimicry-induced autoimmunological processes [25]. Therefore, we feel it will be extremely important to investigate whether GPCR- ϵ AABs will also become detectable after immunisation by vaccination against the virus.”

We have reviewed the evidence here that the spike protein of SARS-CoV-2 has extensive sequence homology with multiple endogenous human proteins and could prime the immune system toward development of both auto-inflammatory and autoimmune disease. This is particularly concerning given that the protein has been redesigned with two extra proline residues to potentially impede its clearance from the circulation through membrane fusion. These diseases could present acutely and

over relatively short timespans such as with MIS-C or could potentially not manifest for months or years following exposure to the spike protein, whether via natural infection or via vaccination.

Many who test positive for COVID-19 express no symptoms. The number of asymptomatic, PCR-positive cases varies widely between studies, from a low of 1.6% to a high of 56.5% (Gao et. al., 2020). Those who are insensitive to COVID-19 probably have a very strong innate immune system. The healthy mucosal barrier's neutrophils and macrophages rapidly clear the viruses, often without the need for any antibodies to be produced by the adaptive system. However, the vaccine intentionally completely bypasses the mucosal immune system, both through its injection past the natural mucosal barriers and its artificial configuration as an RNA-containing nanoparticle. As noted in Carsetti (2020), those with a strong innate immune response almost universally experience either asymptomatic infection or only mild COVID-19 disease presentation. Nevertheless, they might face chronic autoimmune disease, as described previously, as a consequence of excessive antibody production in response to the vaccine, which was not necessary in the first place.

The Spleen, Platelets and Thrombocytopenia

Dr. Gregory Michael, an obstetrician in Miami Beach, died of a cerebral hemorrhage 16 days after receiving the first dose of the Pfizer/BioNTech COVID-19 vaccine. Within three days of the vaccine, he developed idiopathic thrombocytopenic purpura (ITP), an autoimmune disorder in which the immune cells attack and destroy the platelets. His platelet count dropped precipitously, and this caused an inability to stop internal bleeding, leading to the stroke, as described in an article in the New York Times (Grady and Mazzei, 2021). The New York Times followed up with a second article that discussed several other cases of ITP following SARS-CoV-2 vaccination (Grady, 2021), and several other incidences of precipitous drop of platelets and thrombocytopenia following SARS-CoV-2 vaccination have been reported in the Vaccine Adverse Event Reporting System (VAERS).

1. Biodistribution of mRNA Vaccines

Several studies on mRNA-based vaccines have confirmed independently that the spleen is a major center of activity for the immune response. A study on an mRNA-based influenza virus vaccine is extremely relevant for answering the question of the biodistribution of the mRNA in the vaccine. This vaccine, like the SARS-CoV-2 vaccines, was designed as lipid nanoparticles with modified RNA coding for hemagglutinin (the equivalent surface fusion protein to the spike protein in corona viruses), and was administered through muscular injection. The concentration of mRNA was tracked over time in various tissue samples, and the maximum concentration observed at each site was recorded. Not surprisingly, the concentration was highest in the muscle at the injection site (5,680 ng/mL). This level decreased slowly over time, reaching half the original value at 18.8 hours following injection. The next highest level was observed in the proximal lymph node, peaking at 2,120 ng/mL and not dropping to half this value until 25.4 hours later. Among organs, the highest levels by far were found in the spleen (86.69 ng/mL) and liver (47.2 ng/mL). Elsewhere in the body the concentration was at 100- to 1,000-fold lower levels. In particular, distal lymph nodes only had a peak concentration of 8 ng/mL. They concluded that the mRNA distributes from the injection site to the liver and spleen via the lymphatic system, ultimately reaching the general circulation. This likely happens through its transport inside macrophages and other immune cells that take it up at the

muscular injection site. Disturbingly, it also reaches into the brain, although at much lower levels (Bahl et al., 2017). The European Medicines Agency assessment report for the Moderna vaccine also noted that mRNA could be detected in the brain following intramuscular administration at about 2% of the level found in the plasma (European Medicines Agency, 2021).

In another experiment conducted to track the biodistribution pathway of RNA vaccines, a rabies RNA vaccine was administered intramuscularly to rats in a single dose. The vaccine included a code for an immunogenic rabies protein as well as the code for RNA polymerase and was formulated as an oil-in-water nanoemulsion. Thus, it is not entirely representative of the SARS-CoV-2 mRNA vaccines. Nevertheless, its intramuscular administration and its dependence on RNA uptake by immune cells likely means that it would migrate through the tissues in a similar pathway as the SARS-CoV-2 vaccine. The authors observed an enlargement of the draining lymph nodes, and tissue studies revealed that the rabies RNA appeared initially at the injection site and in the draining lymph nodes within one day, and was also found in blood, lungs, spleen and liver (Stokes et al., 2020). These results are consistent with the above study on influenza mRNA vaccines.

Finally, a study comparing luciferase-expressing mRNA nanoparticles with luciferase-expressing mRNA dendritic cells as an alternative approach to vaccination revealed that the luciferase signal reached a broader range of lymphoid sites with the nanoparticle delivery mechanism. More importantly, the luciferase signal was concentrated in the spleen for the nanoparticles compared to dominance in the lungs for the dendritic cells (Firdessa-Fite and Creuso, 2020).

2. Immune Thrombocytopenia

Immune thrombocytopenia (ITP) has emerged as an important complication of COVID-19 (Bhattacharjee and Banerjee, 2020). In many cases, it emerges after full recovery from the disease, i.e, after the virus has been cleared, suggesting it is an autoimmune phenomenon. A likely pathway by which ITP could occur following vaccination is through the migration of immune cells carrying a cargo of mRNA nanoparticles via the lymph system into the spleen. These immune cells would produce spike protein according to the code in the nanoparticles, and the spike protein would induce B cell generation of IgG antibodies to it.

ITP appears initially as petechiae or purpura on the skin, and/or bleeding from mucosal surfaces. It has a high risk of fatality through haemorrhaging and stroke. ITP is characterized by both increased platelet destruction and reduced platelet production, and autoantibodies play a pivotal role (Sun and Shan, 2019). Platelets are coated by anti-platelet antibodies and immune complexes, and this induces their clearance by phagocytes.

Particularly under conditions of impaired autophagy, the resulting signaling cascade can also result in suppression of production of megakaryocytes in the bone marrow, which are the precursor cells for platelet production (Sun and Shan, 2019). A case study of a patient diagnosed with COVID-19 is revealing because he developed sudden onset thrombocytopenia a couple of days after he had been released from the hospital based on a negative COVID-19 nucleic acid test. Following this development, it was verified that the patient had a reduced number of platelet-producing megakaryocytes, while autoimmune antibodies were negative, suggesting a problem with platelet production rather than platelet destruction (Chen et al., 2020).

Autophagy is essential for clearing damaged proteins, organelles, and bacterial and viral pathogens. Alterations in autophagy pathways are emerging as a hallmark of the pathogenesis of many respiratory viruses, including influenza virus, MERS-CoV, SARS-CoV and, importantly, SARS-CoV-2 (Limanaqi et al., 2020). Autophagy is surely critical in the clearance of spike protein produced by immune cells programmed to produce it through the mRNA vaccines.

One can speculate that impaired autophagy prevents clearance of the spike protein produced by macrophages from the vaccine mRNA. As we will show later, platelets possess autophagic proteins and use autophagy to clear viruses. Impaired autophagy is a characteristic feature of ITP, and it may be key to the autoimmune attack on the platelets (Wang et al., 2019).

3. A Critical Role for the Spleen

The spleen is the largest secondary lymphoid organ in humans and it contains as much as 1/3 of the body's platelet supplies. The spleen is the primary site for platelet destruction during ITP, as it controls the antibody response against platelets. The two main autoantibodies associated with ITP are against immunoglobulin G (IgG) and the glycoprotein (GP) IIb/IIIa complex on platelets (Aslam et al., 2016).

The spleen plays a central role in the clearance of foreign antigens and the synthesis of IgG by B cells. Upon exposure to an antigen, such as the spike protein, neutrophils in the marginal zone of the spleen acquire the ability to interact with B cells, inducing antibody production (Puga et al., 2011). This is likely crucial for successful vaccination outcome. The pseudouridine modification of mRNA is important for assuring RNA survival long enough for it to reach the spleen. In an experiment on injection of mRNA nanoparticles into mice, both the delivered mRNA and the encoded protein could be detected in the spleen at 1, 4, and 24 hours after injection, at significantly higher levels than when non-modified RNA was used (Karikó et al., 2008).

A sophisticated platelet-neutrophil cross-communication mechanism in the spleen can lead to thrombocytopenia, mediated by a pathological response called NETosis. Platelet-TLR7 (toll-like receptor 7) recognizes influenza particles in circulation and leads to their engulfment and endocytosis by the platelets. After engulfing the viruses, the platelets stimulate neutrophils to release their DNA within Neutrophil Extracellular Traps (NETs) (Koupenova et al., 2019), and the DNA, in excessive amounts, launches a prothrombotic cascade.

4. Lessons from Influenza

The influenza virus, like the corona virus, is a single-strand RNA virus. Thrombocytopenia is a common complication of influenza infection, and its severity predicts clinical outcomes in critically ill patients (Jansen et al., 2020). Platelets contain abundant glycoproteins in their membranes which act as receptors and support adhesion to the endothelial wall. Autoantibodies against platelet glycoproteins are found in the majority of patients with autoimmune thrombocytopenia (Lipp et al., 1998). The influenza virus binds to cells via glycoproteins, and it releases an enzyme called neuraminidase that can break down the glycosaminoglycans bound to the glycoproteins and release them. This action likely exposes the platelet glycoproteins to B cells, inducing autoantibody production. Neuraminidase expressed by the pathogen *Streptococcus pneumoniae* has been shown to desialylate platelets, leading to platelet hyperactivity (Kullaya et al., 2018).

Platelets appear to play an important role in viral clearance. Within one minute after platelets were incubated together with influenza viruses, the viruses had already attached to the platelets. Subsequent internalization, possibly by phagocytosis, peaked at 30 minutes (Jansen et al., 2020).

The SARS-CoV-2 spike protein binds sialic acid, which means it could attach to glycoproteins in the platelet membranes (Baker et al., 2020). There is a structural similarity between the S1 spike protein in SARS CoV and neuraminidase expressed by the influenza virus, which might mean that the spike protein possesses neuraminidase activity (Zhang et al., 2004). Several viruses express neuraminidase, and it generally acts enzymatically to catabolize the glycans in glycoproteins through desialylation.

Thus, it seems plausible that a dangerous cascade leading to TTP could ensue following mRNA vaccination, even with no live virus present, particularly in the context of impaired autophagy. Immune cells in the arm muscle take up the RNA particles and circulate within the lymph system, accumulating in the spleen. There, the immune cells produce abundant spike protein, which binds to the platelet glycoproteins and desialylates them. Platelet interaction with neutrophils causes NETosis and the launch of an inflammatory cascade. The exposed glycoproteins become targets for autoimmune antibodies that then attack and remove the platelets, leading to a rapid drop in platelet counts, and a life-threatening event.

Activation of Latent Herpes Zoster

An observational study conducted at Tel Aviv Medical Center and the Carmel Medical Center in Haifa, Israel, found a significantly increased rate of herpes zoster following the Pfizer vaccination (Furer 2021). This observational study monitored patients with pre-existing autoimmune inflammatory rheumatic diseases (AIIRD). Among the 491 patients with AIIRD over the study period, 6 (1.2%) were diagnosed with herpes zoster as a first-ever diagnosis between 2 days and 2 weeks after either the first or second vaccination. In the control group of 99 patients there were no herpes zoster cases identified.

The CDC's VAERS database, queried on April 19, 2021, contains 278 reports of herpes zoster following either the Moderna or Pfizer vaccinations. Given the documented underreporting to VAERS (Lazarus et al. 2010), and given the associational nature of VAERS reports, it is not possible to prove any causal link between the vaccinations and the zoster reports. However, we believe the occurrence of zoster is another important 'signal' in VAERS.

This increased risk to shingles, if valid, may have important broader implications. Multiple studies have shown that patients with either primary or acquired immune deficiency are more susceptible to severe herpes zoster infection (Ansari et al., 2020). This suggests that the mRNA vaccines may be suppressing the innate immune response. There is cross-talk between TNF- α and type I interferon in autoimmune disease, wherein each suppresses the other (Palucka et al., 2005). Type I interferon inhibits varicella-zoster virus replication (Ku et al., 2016). TNF- α is sharply upregulated in an inflammatory response, which is induced by the lipid nanoparticles in the vaccine. Its upregulation is also associated with the chronic inflammatory state of rheumatoid arthritis (Matsuno et al., 2002). Exuberant TNF- α expression following vaccination may be interfering with the dendritic cell INF- α response that keeps latent herpes zoster in check.

Spike Protein Toxicity

The picture is now emerging that SARS-CoV-2 has serious effects on the vasculature in multiple organs, including the brain vasculature. As mentioned earlier, the spike protein facilitates entry of the virus into a host cell by binding to ACE2 in the plasma membrane. ACE2 is a type I integral membrane protein that cleaves angiotensin II into angiotensin(1-7), thus clearing angiotensin II and lowering blood pressure. In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences (Suzuki, 2020; Suzuki et al., 2020; Suzuki et al., 2021; Suzuki and Gychka, 2021). These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature. Post-mortem analysis of the lungs of patients who died from COVID-19 revealed histological features showing vascular wall thickening, mainly due to hypertrophy of the tunica media. Enlarged smooth muscle cells had become rounded, with swollen nuclei and cytoplasmic vacuoles (Suzuki et al., 2020). Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components.

Follow-on papers (Suzuki et al., 2021, Suzuki and Gychka, 2021) showed that the spike protein S1 subunit suppresses ACE2, causing a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality. Their model is depicted here in Figure 2. Ominously, Suzuki and Gychka (2021) wrote: “Thus, these *in vivo* studies demonstrated that the spike protein of SARS-CoV-1 (without the rest of the virus) reduces the ACE2 expression, increases the level of angiotensin II, and exacerbates the lung injury.” The “*in vivo* studies” they referred to here (Kuba et al., 2005) had shown that SARS coronavirus-induced lung injury was primarily due to inhibition of ACE2 by the SARS-CoV spike

protein, causing a large increase in angiotensin-II. Suzuki et al. (2021) went on to demonstrate experimentally that the S1 component of the SARS-CoV-2 virus, at a low concentration of 130 pM, activated the MEK/ERK/MAPK signaling pathway to promote cell growth. They speculated that these effects would not be restricted to the lung vasculature. The signaling cascade triggered in the heart vasculature would cause coronary artery disease, and activation in the brain could lead to stroke. Systemic hypertension would also be predicted. They hypothesized that this ability of the spike protein to promote pulmonary arterial hypertension could predispose patients who recover

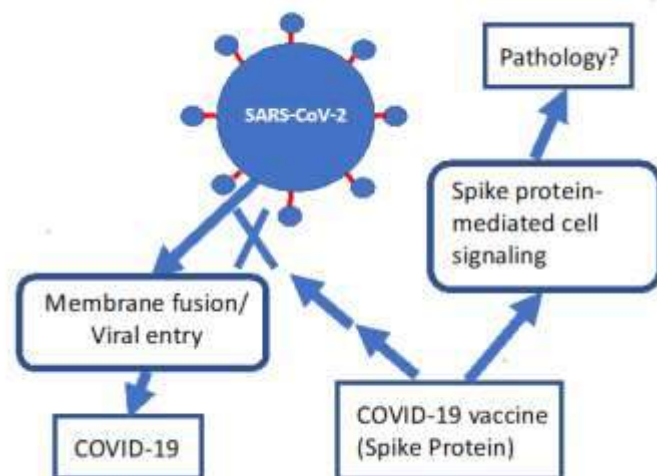


Figure 2: A simple model for a process by which the spike protein produced through the mRNA vaccines could induce a pathological response distinct from the desirable induction of antibodies to suppress viral entry. Redrawn with permission from Suzuki and Gychka, 2021.

from SARS-CoV-2 to later develop right ventricular heart failure. Furthermore, they suggested that a similar effect could happen in response to the mRNA vaccines, and they warned of potential long-term consequences to both children and adults who received COVID-19 vaccines based on the spike protein (Suzuki and Gychka, 2021).

An interesting study by Lei et. al. (2021) found that pseudovirus — spheres decorated with the SARS-CoV-2 S1 protein but lacking any viral DNA in their core — caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally. They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissue. This study makes it clear that spike protein alone, unassociated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines intended to cause cells to manufacture the spike protein are clear and are an obvious cause for concern.

Neurological symptoms associated with COVID-19, such as headache, nausea and dizziness, encephalitis and fatal brain blood clots are all indicators of damaging viral effects on the brain. Buzhdygan et al. (2020) proposed that primary human brain microvascular endothelial cells could cause these symptoms. ACE2 is ubiquitously expressed in the endothelial cells in the brain capillaries. ACE2 expression is upregulated in the brain vasculature in association with dementia and hypertension, both of which are risk factors for bad outcomes from COVID-19. In an in vitro study of the blood-brain barrier, the S1 component of the spike protein promoted loss of barrier integrity, suggesting that the spike protein acting alone triggers a pro-inflammatory response in brain endothelial cells, which could explain the neurological consequences of the disease (Buzhdygan et al., 2020). The implications of this observation are disturbing because the mRNA vaccines induce synthesis of the spike protein, which could theoretically act in a similar way to harm the brain.

The spike protein generated endogenously by the vaccine could also negatively impact the male testes, as the ACE2 receptor is highly expressed in Leydig cells in the testes (Verma et al., 2020). Several studies have now shown that the coronavirus spike protein is able to gain access to cells in the testes via the ACE2 receptor, and disrupt male reproduction (Navarra et al., 2020; Wang and Xu, 2020). A paper involving postmortem examination of testicles of six male COVID-19 patients found microscopic evidence of spike protein in interstitial cells in the testes of patients with damaged testicles (Achua et al., 2021).

A Possible Link to Prion Diseases and Neurodegeneration

Prion diseases are a collection of neurodegenerative diseases that are induced through the misfolding of important bodily proteins, which form toxic oligomers that eventually precipitate out as fibrils causing widespread damage to neurons. Stanley Prusiner first coined the name ‘prion’ to describe these misfolded proteins (Prusiner, 1982). The best-known prion disease is MADCOW disease (bovine spongiform encephalopathy), which became an epidemic in European cattle beginning in the 1980s. The CDC web site on prion diseases states that “prion diseases are usually rapidly progressive and always fatal.” (Centers for Disease Control and Prevention, 2018). It is now believed that many neurodegenerative diseases, including Alzheimer’s, Parkinson’s disease, and

amyotrophic lateral sclerosis (ALS) may be prion diseases, and researchers have identified specific proteinaceous infectious particles linked to these diseases (Weickenmeier et al., 2019).

Furthermore, researchers have identified a signature motif linked to susceptibility to misfolding into toxic oligomers, called the glycine zipper motif. It is characterized by a pattern of two glycine residues spaced by three intervening amino acids, represented as GxxxG. The bovine prion linked to MADCOW has a spectacular sequence of ten GxxxGs in a row (see uniprot.org/uniprot/P10279).

More generally, the GxxxG motif is a common feature of transmembrane proteins, and the glycines play an essential role in cross-linking α -helices in the protein (Mueller et al., 2014). Prion proteins become toxic when the α -helices misfold as β -sheets, and the protein is then impaired in its ability to enter the membrane (Prusiner, 1982). Glycines within the glycine zipper transmembrane motifs in the amyloid- β precursor protein (APP) play a central role in the misfolding of amyloid- β linked to Alzheimer's disease (Decock et al., 2016). APP contains a total of four GxxxG motifs.

When considering that the SARS-CoV-2 spike protein is a transmembrane protein, and that it contains *five* GxxxG motifs in its sequence (see uniprot.org/uniprot/P0DTC2), it becomes extremely plausible that it could behave as a prion. One of the GxxxG sequences is present within its membrane fusion domain. Recall that the mRNA vaccines are designed with an altered sequence that replaces two adjacent amino acids in the fusion domain with a pair of prolines. This is done intentionally in order to force the protein to remain in its open state and make it harder for it to fuse with the membrane. This seems to us like a dangerous step towards misfolding potentially leading to prion disease.

A paper published by J. Bart Classen (2021) proposed that the spike protein in the mRNA vaccines could cause prion-like diseases, in part through its ability to bind to many known proteins and induce their misfolding into potential prions. Idrees and Kumar (2021) have proposed that the spike protein's S1 component is prone to act as a functional amyloid and form toxic aggregates. These authors wrote that S1 has the ability "to form amyloid and toxic aggregates that can act as seeds to aggregate many of the misfolded brain proteins and can ultimately lead to neurodegeneration."

According to Tetz and Tetz (2020), the form of the spike protein in SARS-CoV-2 has prion regions that are not present in the spike proteins for other coronaviruses. While this was reported in a non-peer-reviewed article, the authors had published a previous paper in 2018 identifying prion-like regions in multiple eukaryotic viruses, so they have considerable expertise in this area (Tetz and Tetz, 2018).

A final point here relates to information about the Pfizer vaccine in particular. The European Medicines Agency (EMA) Public Assessment Report is a document submitted to gain approval to market the vaccine in Europe. It describes in detail a review of the manufacturing process as well as a wide range of associated testing data. One concerning revelation is the presence of "fragmented species" of RNA in the injection solution. These are RNA fragments resulting from early termination of the process of transcription from the DNA template. These fragments, if translated by the cell following injection, would generate incomplete spike proteins, again resulting in altered and unpredictable three-dimensional structure and a physiological impact that is at best neutral and at worst detrimental to cellular functioning. There were considerably more of these fragmented

forms of RNA found in the commercially manufactured products than in the products used in clinical trials. The latter were produced via a much more tightly controlled manufacturing process.

Pfizer claims the RNA fragments “likely... will not result in expressed proteins” due to their assumed rapid degradation within the cell. No data was presented to rule out protein expression, though, leaving the reviewers to comment, “These [fragmented RNA] forms are poorly characterised, and the limited data provided for protein expression do not fully address the uncertainties relating to the risk of translating proteins/peptides other than the intended spike protein” (EMA 2020). To our knowledge no data has been forthcoming since that time.

While we are not asserting that non-spike proteins generated from fragmented RNA would be misfolded or otherwise pathological, we believe they would at least contribute to the cellular stress that promotes prion-associated conformational changes in the spike protein that is present.

1. Lessons from Parkinson’s Disease

Parkinson’s disease is a neurodegenerative disease associated with Lewy body deposits in the brain, and the main protein found in these Lewy bodies is α -synuclein. That protein, α -Synuclein, is certainly prion-like insofar as under certain conditions it aggregates into toxic soluble oligomers and fibrils (Lema Tomé et al., 2013). Research has shown that misfolded α -synuclein can form first in the gut and then travel from there to the brain along the vagus nerve, probably in the form of exosomes released from dying cells where the misfolded protein originated (Kakarla et al., 2020; Steiner et al., 2011). The cellular conditions that promote misfolding include both an acidic pH and high expression of inflammatory cytokines. It is clear that the vagus nerve is critical for transmission of misfolded proteins to the brain, because severance of the vagus nerve protects from Parkinson’s. Vagus nerve atrophy in association with Parkinson’s disease provides further evidence of the involvement of the vagus nerve in transport of misfolded α -synuclein oligomers from the gut to the brain (Walter et al., 2018). Another pathway is through the olfactory nerve, and a loss of a sense of smell is an early sign of Parkinson’s disease. Ominously, diminution or loss of the sense of smell is also a common symptom of SARS-CoV-2 infection.

There are many parallels between α -synuclein and the spike protein, suggesting the possibility of prion-like disease following vaccination. We have already shown that the mRNA in the vaccine ends up in high concentrations in the liver and spleen, two organs that are well connected to the vagus nerve. The cationic lipids in the vaccine create an acidic pH conducive to misfolding, and they also induce a strong inflammatory response, another predisposing condition.

Germinal centers are structures within the spleen and other secondary lymphoid organs where follicular dendritic cells present antigens to B cells, which in turn perfect their antibody response. Researchers have shown that mRNA vaccines, in contrast with recombinant protein vaccines, elicit a robust development of neutralizing antibodies at these germinal centers in the spleen (Lederer et al., 2020). However, this also means that mRNA vaccines induce an ideal situation for prion formation from the spike protein, and its transport via exosomes along the vagus nerve to the brain.

Studies have shown that prion spread from one animal to another first appears in the lymphoid tissues, particularly the spleen. Differentiated follicular dendritic cells are central to the process, as they accumulate misfolded prion proteins (Al-Dybiat et al., 2019). An inflammatory response

upregulates synthesis of α -synuclein in these dendritic cells, increasing the risk of prion formation. Prions that accumulate in the cytoplasm are packaged up into lipid bodies that are released as exosomes (Liu et al., 2017). These exosomes eventually travel to the brain, causing disease.

2. Vaccine Shedding

There has been considerable chatter on the Internet about the possibility of vaccinated people causing disease in unvaccinated people in close proximity. While this may seem hard to believe, there is a plausible process by which it could occur through the release of exosomes from dendritic cells in the spleen containing misfolded spike proteins, in complex with other prion reformed proteins. These exosomes can travel to distant places. It is not impossible to imagine that they are being released from the lungs and inhaled by a nearby person. Extracellular vesicles, including exosomes, have been detected in sputum, mucus, epithelial lining fluid, and bronchoalveolar lavage fluid in association with respiratory diseases (Lucchetti et al., 2021).

A Phase 1/2/3 study undertaken by BioNTech on the Pfizer mRNA vaccine implied in their study protocol that they anticipated the possibility of secondary exposure to the vaccine (BioNTech, 2020). The protocol included the requirement that “exposure during pregnancy” should be reported by the study participants. They then gave examples of “environmental exposure during pregnancy” which included exposure “to the study intervention by inhalation or skin contact.” They even suggested two levels of indirect exposure: “A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.”

Emergence of Novel Variants of SARS-CoV-2

An interesting hypothesis has been proposed in a paper published in Nature, which described a case of serious COVID-19 disease in a cancer patient who was taking immune-suppressing cancer chemotherapy drugs (Kemp et al., 2021). The patient survived for 101 days after admission to the hospital, finally succumbing in the battle against the virus. The patient constantly shed viruses over the entire 101 days, and therefore he was moved to a negative-pressure high air-change infectious disease isolation room, to prevent contagious spread.

During the course of the hospital stay, the patient was treated with Remdesivir and subsequently with two rounds of antibody-containing plasma taken from individuals who had recovered from COVID-19 (convalescent plasma). It was only after the plasma treatments that the virus began to rapidly mutate, and a dominant new strain eventually emerged, verified from samples taken from the nose and throat of the patient. An immune-compromised patient offers little support from cytotoxic T cells to clear the virus.

An in vitro experiment demonstrated that this mutant strain had reduced sensitivity to multiple units of convalescent plasma taken from several recovered patients. The authors proposed that the administered antibodies had actually accelerated the mutation rate in the virus, because the patient was unable to fully clear the virus due to their weak immune response. This allowed a “survival of the fittest” program to set in, ultimately populating the patient’s body with a novel antibody-resistant strain. Prolonged viral replication in this patient led to “viral immune escape,” and similar resistant

strains could potentially spread very quickly within an exposed population (Kemp et al., 2021). Indeed, a similar process might plausibly be at work to produce the highly contagious new strains that are now appearing in the United Kingdom, South Africa and Brazil.

There are at least two concerns that we have regarding this experiment, in relation to the mRNA vaccines. The first is that, via continued infection of immune-compromised patients, we can expect continued emergence of more novel strains that are resistant to the antibodies induced by the vaccine, such that the vaccine may quickly become obsolete, and there may well be demands for the population to undergo another mass vaccination campaign. Already a published study by researchers from Pfizer has shown that vaccine effectiveness is reduced for many of these variant strains. The vaccine was only 2/3 as effective against the South African strain as against the original strain (Liu et al., 2021).

The second more ominous consideration is to ponder what will happen with an immune-compromised patient following vaccination. It is conceivable that they will respond to the vaccine by producing antibodies, but those antibodies will be unable to contain the disease following exposure to COVID-19 due to impaired function of cytotoxic T cells. This scenario is not much different from the administration of convalescent plasma to immune-compromised patients, and so it might engender the evolution of antibody-resistant strains in the same way, only on a much grander scale. This possibility will surely be used to argue for repeated rounds of vaccines every few months, with increasing numbers of viral variants coded into the vaccines. This is an arms race that we will probably lose.

Potential for Permanent Incorporation of Spike Protein Gene into human DNA

It has been claimed that mRNA-based vaccines are safer than DNA-vectored vaccines that work by incorporating the genetic code for the target antigenic protein into a DNA virus, because the RNA cannot become inadvertently incorporated into the human genome. However, it is not at all clear that this is true. The classic model of DNA → RNA → protein is now known to be false. It is now indisputable that there is a large class of viruses called retroviruses that carry genes that reverse transcribe RNA back into complementary DNA (cDNA). In 1975, Howard Temin, Renato Dulbecco, and David Baltimore shared the Nobel Prize in Physiology or Medicine in 1975 for their discovery of reverse transcriptase and its synthesis by retroviruses (such as human immunodeficiency virus (HIV)) to derive DNA from RNA (Temin and Mizutani, 1970, Baltimore, 1970).

Much later, it was discovered that reverse transcriptase is not unique to retroviruses. More than a third of the human genome is devoted to mysterious mobile DNA elements called SINEs and LINEs (short and long interspersed nuclear elements, respectively). LINEs provide reverse transcriptase capabilities to convert RNA into DNA, and SINEs provide support for integrating the DNA into the genome. Thus, these elements provide the tools needed to convert RNA into DNA and incorporate it into the genome so as to maintain the new gene through future generations (Weiner, 2002).

SINEs and LINEs are members of a larger class of genetic elements called retrotransposons. Retrotransposons can copy and paste their DNA to a new site in the genome via an RNA

intermediate, while possibly introducing genetic alterations in the process (Pray, 2008). Retrotransposons, also known as “jumping genes,” were first identified by the geneticist Barbara McClintock of Cold Spring Harbor Laboratory in New York, over 50 years ago (McClintock, 1965). Much later, in 1983, she was recognized with a Nobel prize for this work.

Remarkably, retrotransposons seem to be able to expand their domain from generation to generation. LINEs and SINEs collaborate to invade new genomic sites through translation of their DNA to RNA and back to a fresh copy of DNA, which is then inserted at an AT-rich region of the genome. These LINEs and SINEs had long been considered to be “junk” DNA, an absurd idea that has now been dispelled, as awareness of their critical functions has grown. In particular, it has now become clear that they can also import RNA from an exogenous source into a mammalian host’s DNA. Retroviral-like repeat elements found in the mouse genome called intracisternal A particles (IAPs) have been shown to be capable of incorporating viral RNA into the mouse genome. Recombination between an exogenous nonretroviral RNA virus and an IAP retrotransposon resulted in reverse transcription of the viral RNA and integration into the host’s genome (Geuking et al., 2009).

Furthermore, as we shall see later, the mRNA in the new SARS-CoV-2 vaccines could also get passed on from generation to generation, with the help of LINEs expressed in sperm, via non-integrated cDNA encapsulated in plasmids. The implications of this predictable phenomenon are unclear, but potentially far-reaching.

1. Exogenous and Endogenous Retroviruses

There is also a concern that the RNA in the mRNA vaccines could be transferred into the human genome with assistance from retroviruses. Retroviruses are a class of viruses that maintain their genomic information in the form of RNA, but that possess the enzymes needed to reverse transcribe their RNA into DNA and insert it into a host genome. They then rely on existing natural tools from the host to produce copies of the virus through translation of DNA back into RNA and to produce the proteins that the viral RNA codes for and assemble them into a fresh viral particle (Lesbats et al., 2016).

Human endogenous retroviruses (HERVs) are benign sections in the DNA of humans that closely resemble retroviruses, and that are believed to have become permanent sequences in the human genome through a process of integration from what was originally an exogenous retrovirus. Endogenous retroviruses are abundant in all jawed vertebrates and are estimated to occupy 5-8% of the human genome. The protein syncytin, which has become essential for placental fusion with the uterine wall and for the fusion step between the sperm and the egg at fertilization, is a good example of an endogenous retroviral protein. Syncytin is the envelope gene of a recently identified human endogenous defective retrovirus, HERV-W (Mi et al., 2000). During gestation, the fetus expresses high levels of another endogenous retrovirus, HERV-R, and it appears to protect the fetus from immune attack from the mother (Luganini and Gribaudo, 2020). Endogenous retroviral elements closely resemble retrotransposons. Their reverse transcriptase, when expressed, has the theoretical capability to convert spike protein RNA from the mRNA vaccines into DNA.

2. Permanent DNA integration of Exogenous Retrovirus Genes

Humans are colonized by a large collection of exogenous retroviruses that in many cases cause no harm to the host, and may even be symbiotic (Luganini and Gribaudo, 2020). Exogenous viruses can be converted to endogenous viruses (permanently incorporated into host DNA) in the laboratory, as demonstrated by Rudolf Jaenisch (Jaenisch, 1976), who infected preimplantation mouse embryos with the Moloney murine leukemia virus (M-MuLV). The mice generated from these infected embryos developed leukemia, and the viral DNA was integrated into their germ line and transmitted to their offspring. Besides the incorporation of viral DNA into the host genome, it was also shown as early as 1980 that DNA plasmids could be microinjected into the nuclei of mouse embryos to produce transgenic mice that breed true (Gordon et al., 1980). The plasmid DNA was incorporated into the nuclear genome of the mice through existing natural processes, thus preserving the newly acquired genetic information in the offspring's genome. This discovery has been the basis for many genetic engineering experiments on transgenic mice engineered to express newly acquired human genes since then (Bouabe and Okkenhaug, 2013).

3. LINE-1 is Widely Expressed

LINEs alone make up over 20% of the human genome. The most common LINE is LINE-1, which encodes a reverse transcriptase that regulates fundamental biological processes. LINE-1 is expressed in many cell types, but at especially high levels in sperm. Sperm cells can be used as vectors of both exogenous DNA and exogenous RNA molecules through sperm-mediated gene transfer assays. Sperm can reverse transcribe exogenous RNA directly into cDNA and can deliver plasmids packaging up this cDNA to the fertilized egg. These plasmids are able to propagate themselves within the developing embryo and to populate many tissues in the fetus. In fact, they survive into adulthood as extrachromosomal structures and are capable of being passed on to progeny. These plasmids are transcriptionally competent, meaning that they can be used to synthesize proteins encoded by the DNA they contain (Pittoggi et al., 2006).

In addition to sperm, embryos also express reverse transcriptase prior to implantation, and its inhibition causes developmental arrest. LINE-1 is also expressed by cancer cells, and RNA interference-mediated silencing of human LINE-1 induces differentiation in many cancer cell lines. Reverse-transcriptase machinery is implicated in the genesis of new genetic information, both in cancer cells and in germ cells. Many tumor tissues have been found to express high levels of LINE-1, and to contain many extrachromosomal plasmids in their nucleus. Malignant gliomas are the primary tumors of the central nervous system. It has been shown experimentally that these tumors release exosomes containing DNA, RNA and proteins, that end up in the general circulation (Vaidya and Sugaya, 2020). LINE-1 is also highly expressed in immune cells in several autoimmune diseases such as systemic lupus erythematosus, Sjögrens and psoriasis (Zhang et al., 2020).

4. Integrating Spike Protein Gene into Human Genome

Remarkably, it has been demonstrated that neurons from the brain of Alzheimer's patients harbor multiple variants of the gene for amyloid precursor protein APP, incorporated into the genome, which are created through a process called somatic gene recombination (SGR) (Kaeser et al., 2020). SGR requires gene transcription, DNA strand-breaks, and reverse transcriptase activity, all of which

may be promoted by well-known Alzheimer's disease risk factors. The DNA coding for APP is reverse transcribed into RNA and then transcribed back into DNA and incorporated into the genome at a strand break site. Since RNA is more susceptible to mutations, the DNA in these mosaic copies contains many mutant variants of the gene, so the cell becomes a mosaic, capable of producing multiple variants of APP. Neurons from Alzheimer's patients contained as many as 500 million base pairs of excess DNA in their chromosomes (Bushman et al., 2015).

Researchers from MIT and Harvard published a disturbing paper in 2021, where they provided strong evidence that the SARS-CoV-2 RNA can be reverse transcribed into DNA and integrated into human DNA (Zhang et al., 2021). They were led to investigate this idea after having observed that many patients continue to test positive for COVID-19 after the virus has already been cleared from their body. The authors found chimeric transcripts that contained viral DNA sequences fused to cellular DNA sequences in patients who had recovered from COVID-19. Since COVID-19 often induces a cytokine storm in severe cases, they confirmed the possibility of enhanced reverse transcriptase activity through an in vitro study using cytokine-containing conditioned media in cell cultures. They found a 2-3-fold upregulation of endogenous LINE-1 expression in response to cytokines. The exogenous RNA from the virus incorporated into human DNA could produce fragments of viral proteins indefinitely after the infection has been cleared, and this yields a false-positive on a PCR test.

5. Bovine Viral Diarrhea: A Disturbing Model

Bovine Viral Diarrhea (BVD) is an infectious viral disease that affects cattle throughout the world. It is a member of the class of pestiviruses, which are small, spherical, single-stranded, enveloped RNA viruses. The disease is associated with gastrointestinal, respiratory and reproductive diseases. A unique characteristic of BVD is that the virus can cross the placenta of an infected pregnant dam. This can result in the birth of a calf which carries intra-cellular viral particles which it mistakes as 'self.' Its immune system refuses to recognize the virus as a foreign invasion, and, as a result, the calf sheds the virus in large quantities throughout its life, potentially infecting the entire herd. It has become a widespread practice to identify such carrier calves and cull them from the herd in an attempt to curtail infection (Khodakaram-Tafti & Farjanikish, 2017).

It seems plausible that a dangerous situation may arise in the future where a woman receives an mRNA vaccine for SARS-CoV-2 and then conceives a child shortly thereafter. The sperm would be free to take up RNA-embedded liposomes from the vaccine and convert them to DNA using LINE-1. They would then produce plasmids containing the code for the spike protein which would be taken up by the fertilized egg through the process described above. The infant that is born is then potentially unable to mount antibodies to the spike protein because their immune system considers it to be 'self.' Should that infant get infected with SARS-CoV-2 at any time in its lifespan, its immune system would not mount a defense against the virus, and the virus would presumably be free to multiply in the infant's body without restraint. The infant would logically become a super-spreader in such a situation. Admittedly, this is speculation at this time, but there is evidence from what we know about retrotransposons, sperm, fertilization, the immune system and viruses, that such a scenario cannot be ruled out. It has already been demonstrated in mouse experiments that the genetic elements in DNA vector vaccines, which are essentially plasmids, can integrate into the host

genome (Wang et al., 2004). In fact, such a process has been suggested as a basis for Lamarckian evolution defined as the inheritance of acquired traits (Steele, 1980).

The realization that what was formerly called “junk DNA” is not junk, is just one of the results coming out of the new philosophical paradigm in human language, biology and genetics that is based on fractal genomics (Pellionisz, 2012) — a paradigm that Pellionisz has linked to the involvement of “true narrative representations” (TNRs; Oller, 2010), realized as “iterations of a fractal template” in the highly repetitive processes of normal development of the many branching structures of the human body. These processes are numerous in the lungs, kidneys, veins and arteries, and most importantly in the brain. The mRNA vaccines are an experimental gene therapy with the potential to incorporate the code for the SARS-CoV-2 spike protein into human DNA. This DNA code could instruct the synthesis of large numbers of copies of proteinaceous infectious particles, and this has the potential to insert multiple false signals into the unfolding narrative, resulting in unpredictable outcomes.

Conclusion

Experimental mRNA vaccines have been heralded as having the potential for great benefits, but they also harbor the possibility of potentially tragic and even catastrophic unforeseen consequences. The mRNA vaccines against SARS-CoV-2 have been implemented with great fanfare, but there are many aspects of their widespread utilization that merit concern. We have reviewed some, but not all, of those concerns here, and we want to emphasize that these concerns are potentially serious and might not be evident for years or even transgenerationally. In order to adequately rule out the adverse potentialities described in this paper, we recommend, at a minimum, that the following research and surveillance practices be adopted:

- A national effort to collect detailed data on adverse events associated with the mRNA vaccines with abundant funding allocation, tracked well beyond the first couple of weeks after vaccination.
- Repeated autoantibody testing of the vaccine-recipient population. The autoantibodies tested could be standardized and should be based upon previously documented antibodies and autoantibodies potentially elicited by the spike protein. These include autoantibodies against phospholipids, collagen, actin, thyroperoxidase (TPO), myelin basic protein, tissue transglutaminase, and perhaps others.
- Immunological profiling related to cytokine balance and related biological effects. Tests should include, at a minimum, IL-6, INF- α , D-dimer, fibrinogen, and C-reactive protein.
- Studies comparing populations who were vaccinated with the mRNA vaccines and those who were not to confirm the expected decreased infection rate and milder symptoms of the vaccinated group, while at the same time comparing the rates of various autoimmune diseases and prion diseases in the same two populations.
- Studies to assess whether it is possible for an unvaccinated person to acquire vaccine-specific forms of the spike proteins from a vaccinated person in close proximity.
- In vitro studies to assess whether the mRNA nanoparticles can be taken up by sperm and converted into cDNA plasmids.

- Animal studies to determine whether vaccination shortly before conception can result in offspring carrying spike-protein-encoding plasmids in their tissues, possibly integrated into their genome.
- In vitro studies aimed to better understand the toxicity of the spike protein to the brain, heart, testes, etc.

Public policy around mass vaccination has generally proceeded on the assumption that the risk/benefit ratio for the novel mRNA vaccines is a “slam dunk.” With the massive vaccination campaign well under way in response to the declared international emergency of COVID-19, we have rushed into vaccine experiments on a world-wide scale. At the very least, we should take advantage of the data that are available from these experiments to learn more about this new and previously untested technology. And, in the future, we urge governments to proceed with more caution in the face of new biotechnologies.

Finally, as an obvious but tragically ignored suggestion, the government should also be encouraging the population to take safe and affordable steps to boost their immune systems naturally, such as getting out in the sunlight to raise vitamin D levels (Ali, 2020), and eating mainly organic whole foods rather than chemical-laden processed foods (Rico-Campà et al., 2019). Also, eating foods that are good sources of vitamin A, vitamin C and vitamin K2 should be encouraged, as deficiencies in these vitamins are linked to bad outcomes from COVID-19 (Goddek, 2020; Sarohan, 2020).

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Competing interests

The authors have no competing interests or conflicts to declare.

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From: Jason Embick
Sent: 3/2/2022 12:15:39 PM
To: DOH WSBOH
Cc:
Subject: Comment for March 9th Meeting

External Email

Board Members -

Please follow the vote of the Technical Advisory Group (TAG) and vote no on school vaccine mandates for our children. As a parent of 3 school-age children, I am absolutely opposed to any COVID-19 vaccine mandates for my children and their classmates. Let the decision be made by the parents and their kids' doctors. COVID-19 severely impacts less than 1/10th of 1 percent of kids 0-17, we don't know the long-term impacts of this vaccine yet, and the vaccine has failed to stop the spread of COVID-19. Follow the data and science, and don't force this vaccine on our children! If such a mandate were to be passed, my kids will no longer attend in-person school.

Sincerely,

Jason Embick

From: nhostetler44@gmail.com
Sent: 3/2/2022 9:45:02 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To WSBOH Members,

Please do not require COVID vaccines to attend school in Washington State. I am a parent of 2 school age children. The virus does not pose a significant risk to children. Recent studies have even shown the vaccine is not effective for children.

In talking to my children's Pediatrician he does not recommend the vaccine for healthy children and warns we do not know long term affects of the vaccine. These decisions need to be decided on by the parent and Dr on an individual basis.

He has made recommendations on all other vaccines and my children are fully vaccinated with the exception of the still experimental COVID vaccine.

There's is no one size fits all in medicine. If this is required I will withdraw my children from public instruction and find another means to educate them.

COVID has changed we need to as well.

Nicola Hostetler
Washington State Parent

Sent from my iPhone

From: rb2006
Sent: 3/4/2022 10:42:34 AM
To: DOH WSBOH
Cc:
Subject: VOTE TO NOT ADD COVID-19 VACCINE TO LIST

External Email

To Whom It May Concern,

Board of Health and Agents. I, as a mother of a 16-year-old daughter, striving to have a sense of normalcy for the remainder of her high school career, strongly urge you to NOT consider the Covid-19 vaccine for admission into school.

A few points to support this stance:

One, our federal government has now declared or will soon declare the emergency with Covid-19 over.

Two, the Covid-19 vaccine is still in the EUA status for these ages and this will not change for some time as we do not know the long term side effects of this treatment course.

Three, the risk to the demographic of the virus is so small. But the risk to our society long term is great in pushing this.

Four, Bodily autonomy and informed medical consent are both real and priceless principles of our great State and Republic. To comply with this line being violated will violate every core value of our creed. 1.1 million veterans and counting have died for those liberties and freedoms. This sacrifice SHOULD NOT be tossed aside due to extreme political agendas, as the science is not there to push this on children.

You are promoting a form of Medical Apartheid on the citizens of this great state with this push. A segregation and discrimination that disproportionately effects the minority populations of our communities as these demographics are statistically less likely to become vaccinated with this or any new treatment course due to cultural inherited trauma.

This cultural inherited trauma can be because of a person's own experiences or experiences that their family members have had. But it is a very real trauma, nonetheless. For further history and information on this aspect please see Professor Harriet Washington's works as she has dedicated her career to this topic and is a valued expert in her field.

Five, we delegate powers to have those we elect represent us. If this line is crossed in our state, a state myself, my husband, and our children have been born in, we will use all legal and peaceful recourse to stand for our rights as citizens. We will stand for our rights as our daughter's legal guardian, and we will be a part of any wall to stop this gross overreach.

In conclusion, I highly encourage this bureaucratic agency to cease and desist all conversation in regard to this mandate on the citizens of our great state. "We The People" have had enough.

Respectfully,

Rachel Buck

Concerned Mother, Citizen, and Taxpayer of Spokane County

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: 3/2/2022 10:39:02 AM
To: DOH WSBOH
Cc:
Subject: Vaccine for children comment



attachments\5B9D931D26D4496A_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

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

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

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 22, 2022 9:23 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:

Children do not get covid, the children who died ,passed away because of underlying health conditions, they died with covid not because of it, the vaccines cause neurological problems , myocarditis, fundamental changes to the immune system, fertility breast and lymph node problems ,Veritas exposed a pharma rep saying giving the vaccine to children is a recurring source of revenue. No to covid vaccines to children, the data that you had in your lecture was not complete, only the data that Fauci wants , given, the reason the ERs and nursing homes are understaffed is because , the state fired so many qualified unvaccinated people, It would not allow Ivermectin or hydroxychloroquine to be given , the people, became deathly ill due to lack of early treatment, big pharma, Fauci made big money, and lost lives due to their greed, STOP, the blood of the next generation will be on your hands, and yes I want a response. thankyou

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:

Irene Janet Randall

Email:

brain_dart@hotmail.com <mailto:brain_dart@hotmail.com>

Telephone:

13609904471

5.

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

brain_dart@hotmail.com <mailto:brain_dart@hotmail.com>

From: Jerad Knutson
Sent: 3/3/2022 8:38:08 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

In regards to the vaccine mandates. As always (my body my choice). Public school is failing. The parents and guardians have spoken clearly through a grassroots movement declaring that you will not dictate what we put in our bodies.

Kind regards
Jerad Knutson

Sent from my iPhone

From: Brandy Hamilton
Sent: 3/4/2022 2:03:32 AM
To: DOH WSBOH
Cc:
Subject: Yes, add my name to the Board's email distribution list

External Email

Please add me to your email list so I may participate when I am able to, and so I can be updated on the decisions being made for my school aged children.

Brandy Hamilton

From: Lisa Boisvert
Sent: 3/3/2022 3:47:00 PM
To: DOH WSBOH
Cc:
Subject: Re: Future Board of Health C19 Vaccine decision

External Email

Dear WA BOH:

I send this brief letter to urge you to support the recommendation of the TAG - do not add the C19 gene therapy shot to the childhood vaccination schedule.

Thank you for your time and consideration.

--Lisa Boisvert

From: Adam Christoffersen
Sent: 3/3/2022 11:13:04 AM
To: DOH WSBOH
Cc:
Subject: Please Do Not Mandate the COVID Vaccine in Schools

External Email

Dear Board Members,

As a Washington resident with school-aged children, I urge you to please follow the recommendation of the Technical Advisory Group and NOT require the COVID vaccines for children attending school.

I truly appreciate your passion to keep our children safe but strongly believe that the decision to vaccinate our children against coronavirus should be a decision made by each family individually. The non-sterilizing nature of these vaccines combined with the novel technology and unknown long-term safety data make this an especially nuanced decision that parents have the right to make based on their own family's risk tolerance.

Please be inclusive of those families who wish to make this important decision with their pediatrician. We know many other families in this state that are proponents of the coronavirus vaccines but do not support mandates for school. Please respect this diversity of thought throughout our great state!

Thank you for everything you do for our health.

Regards,

Adam Christoffersen

From: Zana Carver
Sent: 3/1/2022 12:53:11 PM
To: DOH Secretary's Office,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),Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),Bayne, David M (DOH),Becker, Leslie (DOH),DOH Secretary's Office,Peterson, Kristin I (DOH),Kahler, Kelie (SBOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Thai, Nathaniel J (SBOH),L G,Bernadette Pajer,Tina
Cc:
Subject: FW: Peer review example: "Effectiveness of the BNT162b2 vaccine among children"



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External Email

This is how a real scientist reviews papers. Please note, there is no "conflict of interest" statement for this publication, which is highly unethical.

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for Windows

From: Robert W Malone MD, MS from Who is Robert Malone
<<mailto:rwmalonemd@substack.com>>
Sent: Tuesday, March 1, 2022 8:18 AM
To: Zana Carver <<mailto:Zana@zanacarver.com>>
Subject: Peer review example: "Effectiveness of the BNT162b2 vaccine among children"

<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjoipDIwMjIwMzAxMTYxNzE5LjIuZDYwMWI1G7Ihsh9iw8KJTBgozBFVDoe0mcuwT6pDbOM6Npx8Di1EI20c6F__W_1kKC->

Having written hundreds of requested peer reviews, I am offering my unsolicited one. [REDACTED]
[REDACTED]
[REDACTED]

Peer review example: "Effectiveness of the BNT162b2 vaccine among children"
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Having written hundreds of requested peer reviews, I am offering my unsolicited one.

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Robert W Malone MD, MS

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"The Hill" has recently published one reporter's analysis
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%28A7httpXT7ltf8gojnvyYDI-aABEKOSqUMQarjDBaGkOCZUZ4M5FYx7kArC4mS_ZjStE7Jft-d1-IYIwstueGz6AnI2CQsueOa-hNkfzLeRBz-Ii6IOtIHizcoZxbBpLsgrijXi_y6iO-2cIElptT5bW3VvjWxs20WcAkX7wq0QG2aSOIP3OT6hOLvzPmagNd5ynJu3jOmKcwqlMM_gMd6Bxx_XqhUUC5faETXdCMT2r2hk36Gpjv3G_6U_r-vPRsvfGuHINF539e7kixT5ddu3ml5qxN9D5vhMaW1yNHPEFIbkoQLJDCH74v1GON8hQ2r-E0aHIutdc8V41T-bDqtHTb6Wug2akCYetvcq2PFaxGrg1_AP4H55Z&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C78a34cf15d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%28A7httpXT7ltf8gojnvyYDI-aABEKOSqUMQarjDBaGkOCZUZ4M5FYx7kArC4mS_ZjStE7Jft-d1-IYIwstueGz6AnI2CQsueOa-hNkfzLeRBz-Ii6IOtIHizcoZxbBpLsgrijXi_y6iO-2cIElptT5bW3VvjWxs20WcAkX7wq0QG2aSOIP3OT6hOLvzPmagNd5ynJu3jOmKcwqlMM_gMd6Bxx_XqhUUC5faETXdCMT2r2hk36Gpjv3G_6U_r-vPRsvfGuHINF539e7kixT5ddu3ml5qxN9D5vhMaW1yNHPEFIbkoQLJDCH74v1GON8hQ2r-E0aHIutdc8V41T-bDqtHTb6Wug2akCYetvcq2PFaxGrg1_AP4H55Z&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C78a34cf15dof-the-pre-print-article-%20Effectiveness-of-the-BNT162b2-vaccine-among-children-5-11-and-12-17-years-in-New-York-after-the)
of the pre-print article "Effectiveness of the BNT162b2 vaccine among children 5-11 and
12-17 years in New York after the
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%28G6aMuBgfnFn3MXhrik_xPd01HIDcdSt6aaemE8I6IBdlowMUtm_6zoBy6nPU7M5jtKjxwHylicToeynrdu-bvy72nmedEGXH_6gKc-1YIMsGEvNGFDGgNWMA-cUOOWCcs4Va0V7MDrtIdDVTCtr1wa0wJhkivWUUyeBJWKYCkbZOBDU_IaHkmfz1siYM7rt41aM_aE2LSTrp4maHGZY--XANGMwZ0uuQdSfmgfVMaZoYKYK3I3mkKZbcUTVWLv9I-hgmt7IbpeAqmHXapbUedzMaEyWdwf9HyNAQ&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C78a34cf15d

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hgmt7IbpeAqmHXapbUedzMaEyWdwf9HyNAQ&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C78a34cf15
". The title of the analysis by reporter Peter Sullivan is "Pfizer vaccine significantly less
effective in kids 5-11: study".

Steve Bannon has asked that I come on the "War Room Pandemic
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F88B9ROFzAZFHjHcuZE5Kob63t9TJ-Xfh3rxhqwzQ8oJSctyGXaydJ0JxyTkfKmGSKLQMfnKTMCG8VNXJ21A7wG_-EvD8vE92ubKiHqQ3sz2DzRop-QoI-eYGF0tXffHezdyOFNq5YgIT0elWDiTTk9Xb9nrFhKvN6FZomsIJMsEm0X9SH189iWkRYI4kJV3Y5X6VdHIsELvJzf
" broadcast during the AM session today (01 March 2022) and discuss the article (as well
as the press response). So, to prepare for this broadcast session (the slang used is "hit"
– I have been learning so much about broadcast media!), I decided to just approach this
as a standard academic peer review.

The goal with this essay is to give you a peek into what an independent peer review of an academic manuscript might look like. I go through a similar process when I review grants and contracts, but in those cases I have the benefit of a “biosketch” for the authors, as well as a detailed budget, clear statement of purpose, detailed description of methods etc.

When reviewing, I first go to the abstract. Frankly, if that is not concise and well written, it influences my approach to the entire paper. Let's see what we have here. My comments in italics.

Importance: There is limited evidence on the effectiveness of the BNT162b2 vaccine for children, particularly those 5-11 years and after the Omicron variant's emergence.

Nicely stated, frames the context quite well.

Objective: To estimate BNT162b2 vaccine effectiveness against COVID cases and hospitalizations among children 5-11 years and 12-17 years during December, 2021 and January, 2022.

OK, there was still some Delta circulating during that time frame, but this is likely to mostly be Omicron. Need to look and see whether the authors document the strain(s) infecting the sampled population analyzed, or are they just inferring based on broader statewide trends. Cases and hospitalizations – that basically means inpatients and outpatients.

Design: Analyses of cohorts constructed from linked statewide immunization, laboratory testing, and hospitalization databases.

Aha! This is a case cohort study, not a prospective study, let alone a randomized study. Not the pinnacle of scientific evidence. Generally useful for identifying trends. Often the best one can do in epidemiology, and often this design can be quite predictive. The main problems with case cohort studies is selection bias and unidentified/uncorrected confounding variables.

Setting/Participants: New York State children 5-17 years.

Well defined and constrained. A specific subgroup for analysis, less prone to unidentified/uncorrected confounding variables relative to a broader analysis window.

Main outcomes/measures: New laboratory-confirmed COVID-19 cases and

hospitalizations.

Ok, this approach introduces some selection bias, but on the positive side it reduces confounding due to reporting bias. Need to look carefully at how they define "laboratory-confirmed".

Comparisons were made using the incidence rate ratio (IRR), comparing outcomes by vaccination status, and estimated vaccine effectiveness (VE: $1 - [1/IRR]$).

Again, well defined, appropriate, clearly stated. So far I am really liking this paper.

Results: From December 13, 2021 to January 30, 2022, among 852,384 fully-vaccinated children 12-17 years and 365,502 children 5-11 years, VE against cases declined from 66% (95% CI: 64%, 67%) to 51% (95% CI: 48%, 54%) for those 12-17 years and from 68% (95% CI: 63%, 72%) to 12% (95% CI: 6%, 16%) for those 5-11 years. During the January 24-30 week, VE for children 11 years was 11% (95%CI -3%, 23%) and for those age 12 was 67% (95% CI: 62%, 71%). VE against hospitalization declined changed from 85% (95% CI: 63%, 95%) to 73% (95% CI: 53%, 87%) for children 12-17 years, and from 100% (95% CI: -189%, 100%) to 48% (95% CI: -12%, 75%) for those 5-11 years. Among children newly fully-vaccinated December 13, 2021 to January 2, 2022, VE against cases within two weeks of full vaccination for children 12-17 years was 76% (95% CI: 71%, 81%) and by 28-34 days it was 56% (95% CI: 43%, 63%). For children 5-11, VE against cases declined from 65% (95% CI: 62%, 68%) to 12% (95% CI: 8%, 16%) by 28-34 days.

Very nicely stated. CI = confidence interval, which is the statistical range (in this case they have used 95%) surrounding the calculated vaccine effectiveness value.

Conclusions and Relevance: In the Omicron era, the effectiveness against cases of BNT162b2 declined rapidly for children, particularly those 5-11 years. However, vaccination of children 5-11 years was protective against severe disease and is recommended. These results highlight the potential need to study alternative vaccine dosing for children and the continued importance layered protections, including mask wearing, to prevent infection and transmission.

I have problems with this. The first sentence is the conclusion. The rest is editorial and not supported based on the preceding sections of the abstract. The results say nothing about mask wearing to prevent infection and transmission in this cohort. How does this study assess disease severity? A disease severity endpoint was certainly not included in the experimental design as outlined above. Why are these authors stating an opinion about public health recommendations? This is neither justified nor supported. This "Relevance" statement is basically yet more propaganda which the authors appear to have inserted because academic journal editors require this type of genuflection to the approved narrative. If I were the reviewer, I would call BS on this.

At this point, I have lost confidence in the objectivity of the article and the authors, who have clearly demonstrated a lack of objectivity. They have written the relevance section in a way that demonstrates that they have an agenda. Now let's look at the authors, their affiliation, and potential conflicts of interest.

Vajeera Dorabawila, PhD, Dina Hoefer, PhD, Ursula E. Bauer, PhD, Mary T. Bassett, MD, Emily Lutterloh, MD, Eli S. Rosenberg, PhD

New York State Department of Health, Albany, New York

University at Albany School of Public Health, State University of New York, Rensselaer, New York

No conflict of interest statement. In the world of modern academic manuscript submissions, this is absolutely not acceptable. First big red flag, particularly in light of the clear bias demonstrated in the "relevance" section.

At this point, I am rapidly losing confidence in the integrity of this manuscript. They are basically PhD and MD public health bureaucrat/officers of the State of New York. The absence of a conflict of interest statement is particularly notable. Usually the first and last authors are the most important. So now I turn to PubMed

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2Ftowqdfncwe4xoznvc8pnhqpg0q3rtjaBMvohNYcPkB0ouEM9SwYU1a33vV2mrwv7HjHuJ_A4OxtwjgnncMN
and look up the publication record of these two.

Vajeera Dorabawila

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2GDIus_BW6g-

p9fpsReMkYsZmBJy6YGrkS3WusOwCKUX3Y9OIqJ6N4XdeUwWDV6x3HNCEsyl1nXr-

o9OnNpo70d0NNnZ0xQiTf5Cz_n6DPtT44xdf_yCb8QCnfg85gIz3HxoC7XIUIlvq2l-

JN4IJwXrGueKaH6igTjE-

y8VqNqvRMUvhN_xJdX10A4tnTrd93irYH2pzJMU8IEFLnsVCabiv_YY3tRr35Ot9wgRzQGdq2ZHUt9yXp-

mMqRFWdBNUw9WguOSDbEz6LaKpGw5SjgfFSGvscruVTLIFCM1KdP9M_pFs&data=04%7C01%7Cwsboh%4

, PhD. Eight prior cited publications. No prior first author. Second red flag. Prior MMWR

(ergo CDC non-peer reviewed) publication. This person is not a thought leader, and is

very much a part of the standard public health bureaucracy. COVID-19 has been the

main focus of her "academic" manuscript work product. Little to no prior experience.

Eli S. Rosenberg

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F>

pRtCVVJXKA0J7qJe-

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p Tte1lZ2Tkdhx Thb80tEK6 XbVYfJowXXEfe4j3oa9HDXN-wbV-QzRzn4AmS-

5T0_bDhU6gsTNTcv1qrniq0Im8xKB6tazUgezZgQHx4a3qu1fxWW0UuJ_eMWQdg&data=04%7C01%7Cwsbol

, PhD. 150 manuscripts cited on PubMed. Checking on Google Scholar

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F>

WwvD2EHF4AJ06nx9sYNGjDQP3TvH6AJzTLtaYy7o-

Iayr6ACPLOHUiChLUManFVcUimYIMqgLKmRI3J5mBLAop1XaN1G74wuLoZzumMUY3RXoLHBlhHdY8amietupC

hgJJ66aBr50hGp2rurNdjh5qXLbiyDxD06MGqkjZA5Y3ypDLMECBVxHbQRRHRCsJJy6sn-

T67gmp7zrteYFSFbaxbQaXnon1lsNh_UqaLZg&data=04%7C01%7Cwsboh%40sboh.wa

. Bingo. This is the big gun behind this manuscript. Title: Deputy Director for Science,

Office of Public Health, New York State Department of Health as well as Associate

Professor, Epidemiology & Biostatistics at University of Albany. Trained at Emory.

public health is basically a satellite of the CDC, or the other way around, depending on

how you look at it. Here is his webpage

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2

RuSAk0UIJOWxafbrS3cla2z5ofGMhYLrni5z7LmQf5jKdaCJeOaApWaiNWOavDNSc62E1sQZqrnVM_F5WhLiBj4\

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IHKYVSUNGK3t6to0rIBaOo39wes-

IIK&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78a34cf158704fdc88a108d9fbc56b27%7C11d0e21720

. So, from this I conclude that the leadership here is well trained, experienced, but very

much bought into the CDC narrative. Which we now know is basically propaganda

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F>

0JX_5HBA-53zYZV6JnamjY0GbcF8jEmFm24q5C94qI42ujWHeciOd6VIYuyEjThCiZcvWx-

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PUW1bv1K4H5OP5btGxKUySkOcrnz6pd d0WnLQU6OkzQR SW8oaMPIQvQN0TE-

ZC23dAVuhGCyUaVW4yHwKFWfNQqn1ozoqxn8urZPM-QSw4Jv8PWICN1w&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C78a34cf158704fdc88a108d9fbc56b27 grounded in scientific fraud (in my opinion). So, there is that. Good to know.

With that background and context in mind, let's dive into the body of the paper, looking for whether or not those "red flags" and other concerns have merit.

First question – are there aspects of the experimental design not clearly covered in the abstract?

Well, yes. Now we get to the bottom of what is actually being compared here. This was not well described in the abstract. Vaccine effectiveness comparisons between the 12-17 year old cohort (dosed with 30 micrograms of the EUA Pfizer/BioNTech product- the standard adult dose) x2 relative to the 5- 11 cohort who are dosed with EUA Pfizer/BioNTech product at 10 micrograms (1/3 of the adult dose) x2. So, these children have not received a third shot. Only "fully vaccinated" children (defined as status post 2 doses + 14 days) were analyzed.

If we look at the reported data analyses (see Table 1), what immediately first jumps out to me is that we do not have the usual summary table of enrollment characteristics. This is not consistent with accepted practice when reporting a clinical study – particularly a retrospective study like this. The consequence is that the reader has no idea about potential imbalances in enrollment between the groups other than that which can be inferred from Table 1. This would be reason enough for me to reject this paper at this point, or at a minimum to require a major revision. This deficiency might be more allowable if we did not have the highly experienced last author. But Dr. Rosenberg knows better. A third red flag. At this point, I would probably apply the three strikes rule. This is looking more and more like propaganda and less and less like a rigorous study.

What we can see in Table one is a major imbalance in enrollment between vaccinated and unvaccinated children. This is yet another warning sign of potential selection bias. Fourth red flag. There are likely to be socioeconomic differences between these two groups. At this point, I am increasingly thinking that this report should be pulled from the pre-print server. It fails to meet even minimal standards.

Furthermore, this study is not from a single database, but rather aggregated data from three databases. Aggregating data from multiple databases often can lead to analysis artifacts. This raises another question – what is the balance between the two analysis groups in these various databases?

Note that this study is limited to analysis of children newly fully-vaccinated in the 3 weeks from December 13, 2021 to January 2, 2022. Another form of selection bias. The title and conclusion is therefore misleading. This is not a study of "Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant" but rather it is a grossly imbalanced study lacking matching between cohorts of Effectiveness of the BNT162b2 vaccine among recently fully vaccinated children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant.

Figure 2 is not adequately labeled and the figure legend is inadequate. Figures should have legends which stand alone and completely describe what is being shown.

Second question – Are there any data concerning masking in this cohort of children?

To be blunt, no. Any comments regarding mask use or lack thereof are irrelevant and unsupported, and have no place in this manuscript.

Third question- Does this study discriminate between whether the children were infected

with Omicron or Delta?

Again, no, not at all. Another major flaw. The title of the manuscript is technically acceptable, despite this flaw, as it states “after the Emergence of the Omicron Variant”, but it is somewhat misleading.

Fourth question- Are there data allowing comparisons which would support conclusions concerning severe disease?

In my opinion, the conclusions regarding relative vaccine effectiveness for severe disease are preliminary estimates at best. The study results are highly likely to be biased by confounding between the vaccinated groups. Lack of any table summarizing the two groups further compounds this concern. At this point, as a reviewer I would strongly recommend rejection of this manuscript.

Finally, this last conclusion statement is pure editorial opinion/propaganda. This conclusion is not supported by the data.

"Given rapid loss of protection against infections, these results highlight the continued importance of layered protections, including mask wearing, for children to prevent infection

and transmission.”

Despite the above caveats, review of Table 1 strongly suggests a profound lack of effectiveness of the Pfizer/BioNTech mRNA COVID-19 vaccine in children.

Once again, in my professional opinion, there is no justification for mandated use of this product for children, and no justification for use at all in health children.

And that is the way it is done. Reject for publication.

Which illustrates another key point. Why are we relying on reporters to interpret scientific articles? They lack the necessary training and expertise. The lay press, including “The Hill”, have clearly been the primary purveyors and amplifiers of mis- and disinformation throughout this outbreak. They “journalists” are often of the modern advocacy journalism school (that means propagandists in plain speak), and are not even journalists in the old school (“fair and balanced”) sense, and definitely are not scientists or physicians.

The press and “advocacy journalism” reporters need to get back in their lane and leave scientific and medical interpretation to experienced professionals.

And stop trying to spin that which they do not even comprehend.

Like

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FnWgVVXJmpHnPnOO4AYutR5YU7fGmURihgZyBX1bgDGgna4FnSjJ_IAE1A0CRzIUEBGkjmQTSwYouSqY03Rpodg9QqGDRbkOLyTIo-yGs dj5MbZ1o2HXokf4SjXYfP5EtF4leP4cPHjbNIG1ab4OMWIn8LO5iivIXmkesVPa2T_9zjbke3h7R6v3u6_XjaNc6-SYmnzru5izZJ9snHxZn3WZjlwT7J31Pa7favkcjS7 iq1T91K5YLNC00M2XS1p0WYLF5e4c 9hkK6spPy2l9RzGC

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From: scott stewart
Sent: 3/2/2022 2:51:25 PM
To: DOH WSB OH
Cc:
Subject: March 2, 2022 COVID Response Update Reaction

External Email

Dear Umair Shah and committee members:

Please consider the following information for your consideration for the next meeting:

<https://peckford42.wordpress.com/2021/07/13/10-reasons-why-children-and-young-people-should-not-get-the-covid-vaccines/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpeckford42.wordpress.com%2F2021/07/13/10-reasons-why-children-and-young-people-should-not-get-the-covid-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C926f00e910014102992f08d9fc9f2d06%7C1>>

FDA Warns of Possible False Results From Some COVID-19 Tests
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Ffda-warns-of-possible-false-results-from-some-covid-19-tests_4312340.html%3Futm_source%3Dpartner%26utm_campaign%3Dimctgm01&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C926f00e910014102992f08d9fc9f2d06%7C1>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Ffda-warns-of-possible-false-results-from-some-covid-19-tests_4312340.html%3Futm_source%3Dpartner%26utm_campaign%3Dimctgm01&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C926f00e910014102992f08d9fc9f2d06%7C1>

FDA Warns of Possible False Results From Some COVID-19 Tests

The U.S. Food and Drug Administration (FDA) on Tuesday said that three rapid COVID-19 tests should not be ...

There is considerable evidence that PCR tests do not work (CDC) and that children should not be vaccinated for COVID per WHO website.

If you are truly concerned about public health you would look at all the evidence including adverse reactions to the vaccines reported by VAERS website.

Thank you for your consideration,

Scott Stewart

From: Testify Online Survey
Sent: 3/4/2022 11:56:22 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Isolation & quarantine/ school immunization covid 19

3.

Your Name:

Irma Walton

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

Isolation & quarantine/ school immunization covid 19

11.

Are you Pro or Con on the proposal?

2. Con

I have survived covid 19 just as many of my family we should have the freedom to get a virus shot just as the flu. I am an 70 year old woman who would have never thought I'd see the day of oppression again. This is sad!

From: Alina Haroldsen
Sent: 3/4/2022 10:36:34 AM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

To Whom it May Concern,

I am writing with regard to the recent recommendation of the Technical Advisory Group to not recommend that COVID-19 shots be required for daycare and K-12 students in Washington state.

I want to urge you to follow the recommendations made by TAG and not require the shots for the children of Washington State. Based on the very low death risks for young children and the potential adverse reactions to this experimental shot (which is only approved for emergency use), I am opposed to having it required for children.

Thank you very much.

Sincerely,

Alina Hutchison

Sent from my iPhone

From: Cindy Galante
Sent: 3/4/2022 11:53:30 AM
To: DOH WSBOH
Cc:
Subject: Please vote NO

External Email

Dear BOH and TAG Members,

I have watched the many TAG meetings, regarding adding the Covid vaccine to the school schedule. All the informative presentations showed very low numbers where it concerns children and outbreaks. These are very small numbers when we are talking about the general population. School is a very safe place for the kids to be. The CDC also supports this. As Dr. Lofgren said, "a lot of kids are getting Covid right now." Which means by the time that this vaccine is added to the schedule the kids will have natural immunity and not need it. My 11-year-old just had Covid and he had a horrible sore throat and that was all. I think that omicron is much less severe than previous variants. We do not need to be afraid of Covid any longer. This virus is 99.98% survivable, unless you are elderly or have other health issues. We need to focus on protecting the most vulnerable and those are not healthy school age children. It is clear you are looking backwards, instead of forwards. This current Pfizer-BioN Tech vaccine was created for the alpha variant and is not effective on our current omicron variant or else we would not have so many breakthrough cases. Showing that the vaccine does not stop transmission, infection or viral replication. This vaccine is also not durable! How will this be implemented? Are boosters going to be required every few months? How will families keep up with that? How will the schools keep up with the schedule? Many parents that I know will pull their children out of Washington schools if they are forced to vaccinate their children with this experimental vaccine. More data needs to be collected before we will know how safe this vaccine is and the long-term side effects. The possible side effects are not safe. The cost to benefit ratio is just not there!

The criteria that are being used to meet are purposely confusing and written to illicit a "yes" response. Why not just wait until the vaccine is fully approved? No longer just for emergency use.

The new data is showing that the vaccine is only 12% effective!!! How did that even pass the FDA in the first place?

Please consider voting no on implementing or recommending this vaccine to the school schedule. In good conscience can you really approve of this? It really does not make any sense to continue looking backwards. Let's move forward!

Thank you for your consideration.

Sincerely,

Cindy Galante

From: Nancy the Soul Dancer
Sent: 2/28/2022 5:05:17 PM
To: DOH WSBOH
Cc:
Subject: to your conscience about vaxxing chhildren

External Email

From the creator of the mRNA technology and acclaimed immunologist:

"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..

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."

From: Jerry Bushman
Sent: 3/3/2022 1:11:55 PM
To: DOH WSBOH
Cc:
Subject: March 9 BOH meeting

External Email

Hello,

I respectfully urge the BOH to ratify the TAG's recommendation against a COVID-19 vaccine mandate. It does not meet the criteria for being mandatory.

If it is made mandatory, I will remove my son from public school and my family and I will move out-of-state. I will also encourage others to do likewise.

Gerald Bushman
Pierce County resident

Sent from Yahoo Mail on Android

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

clear signals coming from U.S. government sources that the risk to human health is real, and that adverse events to this vaccine are not rare.

* The risks demonstrably outweigh the benefits of COVID vaccination in young children. A study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1093%2Fcid%2Fcia>
out of Hong Kong showed one out of every 2,700 12 to 17-year-old boys being diagnosed
with myocarditis following the 2nd dose of Comirnaty vaccine, or 37 per 100,000
vaccinated. A study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1101%2F2021.12.2>
from Kaiser found the same rate of myocarditis in 12 to 17-year-old American boys,
1/2700.

* While the CDC says that myocarditis is a mild disease, cardiologists know
otherwise. CDC's own preliminary data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Faci>
2022-02-04%2F04-COVID-Kracalic-

508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C15da4961408c481e63e108d9fd604dd3%7C11d0

, reported at the February 4 ACIP meeting, revealed that nearly half of the young people
diagnosed with myocarditis still had symptoms 3 months later, and 39% had their
activity restricted by their physician. We know this serious adverse event frequently
occurs in teenagers. But no one knows how often it occurs in younger children. This is of
major concern for babies and younger children.

The public has spoken. We will not allow our children to become forced human test
subjects.

Best Regards,

Alyssa Stamey
castamey@hotmail.com

From: Testify Online Survey
Sent: 3/3/2022 11:44:11 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/2022

2.

Agenda Item or Issue:

7, 8, 9

3.

Your Name:

Janell Hulst

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

I Occupy Kitsap County, in the city of Kingston, WA

7.

Email:

Janell Hulst

8.

Phone Number (Include Area Code):

253-792-9618

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

As stated above

11.

Are you Pro or Con on the proposal?

1. Pro

Both US and WA State Constitutions, WA State RCWs, necessitate that these proposals be heard and upheld. Common sense and accountability and checks and balances are needed.

From: Testify Online Survey
Sent: 3/3/2022 10:04:58 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

03/09/2022

2.

Agenda Item or Issue:

#9

3.

Your Name:

Harumi Burns

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3320 W Kiernan Avenue Spokane WA 99205

7.

Email:

Rumi.burns05@gmail.com

8.

Phone Number (Include Area Code):

503-752-1453

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

The past year has shown that this is not a vaccine, but a therapeutic treatment. Children have had the lowest risk and over a 99% recovery rate if they get the virus. Yet, for the past two years they have been masked at school without any exceptions. Why would you even consider mandating a shot that has not been fully tested, has had thousands of adverse events reported and does not keep anyone from contracting the virus. The people I personally know who have gotten the shots and boosters, have been wearing masks this entire time have had the worst outcomes. Wearing a mask has not stopped transmission, the shots and boosters have not stopped transmission and yet you are still considering forcing people to get this. It makes absolutely no sense! Breathing fresh air, spending time outdoors, spending time with family and friends, eating health and exercise is what you should be pushing, but you don't. I've heard of more kids committing suicide the last two years than dying from COVID. Please stop this before you cause even more mental, emotional and physical damage to our children.

From: Pamela Kay
Sent: 3/4/2022 8:32:33 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

No health boards or school boards should be supporting vaccines as that would be ignoring the current science. This report from the UK has data that shows 9 out of 10 deaths were VACCINATED:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/105751_week-8.pdf
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fassets/publishing/service/gov/uk%2Fassets/publishing/service/gov/uk%2Fgovernment/uploads/system/uploads/attachment_data/file/105751_week-8.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C421fd15364ef4450e41208d9fdc8a3c%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fassets/publishing/service/gov/uk%2Fgovernment/uploads/system/uploads/attachment_data/file/105751_week-8.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C421fd15364ef4450e41208d9fdc8a3c%7C11d0e217)>

There is also a study published in a respected journal from a credited Swedish lab that shows the Pfizer shot actually does in vitro affect DNA in liver cells making it "gene therapy" even though vaccine makers claimed this was not possible:

<https://www.clarkcountytoday.com/news/study-pfizer-covid-shot-converts-into-dna-in-human-cells/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews/study-pfizer-covid-shot-converts-into-dna-in-human-cells%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C421fd15364ef4450e41208d9fdc8a3c%7C11d0e217>>

And of course, there is NO long term safety data on the vaccine.

We, the people, do not want any more to do with these vaccines and they should not even be considered.

COVID is over. Everyone got Omicron so now has natural immunity.

Move on.

Sent from my iPhone

From: Testify Online Survey
Sent: 3/4/2022 8:33:22 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid vaccinations

3.

Your Name:

Sarah erickson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

8420 166th st CT nw Gig Harbor WA 98329

7.

Email:

Brentsaraherickson@gmail.com

8.

Phone Number (Include Area Code):

2535143413

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

It is already proven that there is harm being done to all ages who are talking thr covid vaccine not to mention there is no need for one especially when you have natural antibodies. This should not be forced on us, very Unconstitutional!

From: Testify Online Survey
Sent: 3/3/2022 9:13:22 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

03/09/22

2.

Agenda Item or Issue:

10:05 AM Novel COVID-19

3.

Your Name:

Donald Kelts

4.

Do you have a professional title?

1. Yes

DVM

5.

Are you representing an organization?

2. No

6.

Address:

30215 154th Ave. SE Kent, WA 98042

7.

Email:

keltsdi@comcast.net

8.

Phone Number (Include Area Code):

253-638-0520

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

To require COVID-19 Vaccines for school admission.

11.

Are you Pro or Con on the proposal?

2. Con

I believe even the Seattle Times has reported that the current vaccines are poorly efficacious in 5-12 year olds, the expense and inconveniences aren't worth it. Besides, variants are possible in the future with no vaccine available. Finally, COVID-19 is barely worse than influenza in school age children. Teachers, etc. can take precautions of their own.

From: Jane P

Sent: 3/4/2022 12:00:12 PM

To: DOH WSBOH,HealthBoard@kitsappublichealth.org,Crawford, Elisabeth (DOHi),DOR Clark County Leg Authority 2,DOH Secretary's Office,Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),Becker, Leslie (DOH),Bayne, David M (DOH),DOH Secretary's Office,Perez, Elizabeth (DOH),Peterson, Kristin I (DOH),Weed, Nathan (DOH)

Cc:

Subject: Cumulative Analysis of Post-authorization Adverse Event Reports of Pfizer COVID-19 vaccine



attachments\4610901CCC1C42D9_Screen Shot 2022-03-04 at 11.51.01 AM.png

External Email

Dear SBOH board members and DOH leadership team,

I would like to share with you the Cumulative Analysis of Post-authorization Adverse Event Reports of Pfizer COVID-19 vaccine: <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1aca49f4fb1e4434ede808d9fe1995d7%7C>>

This report is based on data from Dec 1, 2020 to Feb 28, 2021 (3 month span). According to Table 1, 42086 cases were reported, and 1223 people died within this time window.

APPENDIX 1 lists 9 pages of adverse events. Do you really think this is a safe vaccine for our kids???

Please vote NO to stop adding this dangerous vaccine to the childhood vaccine card. We The People demand you to DO THE RIGHT THING!

A deeply concerned Washington parent

From: daverill@comcast.net
Sent: 3/3/2022 10:41:59 AM
To: DOH WSBOH
Cc:
Subject: Vote NO On K-12 Vaccine Mandates

External Email

Dear Washington State Board Of Health Members,

Please Vote NO on forced vaccine mandates for school age children K-12. We live in a free country and as parents and grandparents

we should be able to decide what we put into our bodies and our children's bodies.
Parents will pull their children out of public schools

if this mandate is passed and will lose millions in funding! Do not take control of our freedoms as Americans!

Tracy Averill

From: cuanabear
Sent: 3/3/2022 10:54:53 AM
To: DOH WSBOH
Cc:
Subject: Experimental gene altering injections

External Email

If you don't know by now that these ILLEGAL (according to the Constitution of the United States) experimental gene altering injections that cause severe injury or death are COMPLETELY INAPPROPRIATE for a population with a less than .003% death rate even WITHOUT treatment, you're either sleeping or truly compromised at the expense of the people you are sworn to protect.

We know that the mandate isn't law.

We know that the mandate cannot become law unless voted on by the people.

We know the dangers and death these injections cause.

We know all the countries that are stopping the injections because they are neither safe OR effective.

We know that there are currently global grand jury meetings on crimes against humanity ongoing.

If you don't want your name added to the list of defendants, you might want to defeat this bill.

THE PEOPLE ARE WATCHING. CHOOSE WELL.

Sent with ProtonMail

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

From: Jennifer B.
Sent: 3/4/2022 10:28:48 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To the Washington Board of Health,

Thank you for the opportunity to comment on possible covid-19 vaccine requirements for students across the state.

I would like to point out a few things before a mandate is to be considered. As we have navigated the last two years, we've seen vaccine uptake in most adults and a portion of children. As of recent, many of those vaccinated managed to still contract and transmit covid. This is a trend that happened across the nation. We also saw how the disease itself was less severe pointing to a much more optimistic trend of this virus toning itself and possible future variants down. It's also becoming clear that we cannot vaccinate ourselves out of this after 3 doses, more therapies are being rushed to the front lines to prevent severe disease such as antiviral pills from Pfizer. Much of the country is ready to move on from this disease as it is now endemic. It's clear it is not an emergency any longer. The disease is something we are finally getting a grip on.

With all of this new information and how rapidly evolving the covid disease and vaccine data appear to be, it does not make sense to require a covid vaccine for children who are still the lowest remaining risk of severe disease when this may in fact be a yearly thing.

As a parent it is my sole responsibility to be the gate keeper for maintaining the health and well being of my child. I feel it is my right to make informed choices for my children and taking that away from myself and the rest of the state's parents will only serve to create more division, distrust, vaccine hesitancy, and even an exodus of children from their schools. It's even possible that by waiting many more parents may come around to establishing trust, given more research and time has passed and consider it more than if it were forced.

Please consider all of us in the state and give we the parents hope that we can take some of our dignity back after having these last two years feel very much out of our control.

Thank you.

From: Darleen Christopher
Sent: 3/4/2022 9:33:19 AM
To: DOH WSBOH
Cc:
Subject: Photo from Twitter



attachments\DC7EA79D621D4EA3_Image-1.png

External Email

Sent from my iPhone

The MOH conducted
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgalileoisback.substack.com%2Fposts%2Fisraeli-moh-survey-of-future-source%3Durl%26source%3Dr&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cc8a83587b05a49cfb>
an active survey of booster shot recipients to collect data on adverse events associated
with booster doses, then compared the survey data to the data available from the
country's passive reporting system.
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcorona.health.gov.il%2Fen%2Fsyste>

The data from the Israeli survey could provide some insight into the extent of the underreporting occurring in the U.S.

What the survey found

More than 4,000 people were selected for the questionnaire. Of those, 2,049 were considered reliable reports.

The survey identified more than 40 different categories of vaccine reactions for both men and women. It also questioned a subset of women about their menstrual cycle.

Four of the 40 categories are immediately relevant to the booster rollout
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-shots-risk-autoimmune-disease%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc8a83587b05a49cfb7ab08d9fce74eef%7C11>
in the U.S. and any subsequent boosters the CDC might authorize moving forward.

1. Hospitalizations

Six of the 2,049 (.29%) respondents were admitted to hospital following the booster shot. That number, though seemingly insignificant, carries more import when extrapolated to the millions of booster doses that have been administered:

- * Israel: 4.5 million booster doses administered = 13,000 hospitalizations
 * U.S.: 92 million booster doses administered = 270,000 hospitalizations.

2. Exacerbation of pre-existing disease

Six different categories of reported “chronic morbidities” (pre-existing diseases) were identified. These were the proportions of respondents in each category that reported a worsening of their disease after receiving a booster:

- * Heart disease = 5.4%.
- * Hypertension = 6.3%.
- * Lung disease = 7.0%.
- * Diabetes = 9.3%.
- * Anxiety disorder or depression = 26.4%.
- * Autoimmune disease = 24.2%.

3. Neurological side effects

A percentage of respondents (4.5%) reported a neurological adverse event.

Ten different categories of neurological side effects were reported, including tingling sensations, Bell's Palsy, blurred vision, convulsions and involuntary movements.

Also, 3.9% of respondents reported an allergic reaction following the booster dose (rash, difficulty breathing, face/throat swelling), though no instances of anaphylaxis were reported.

4. Menstrual cycle irregularities

While the U.S. government-run Vaccine Adverse Event Reporting System <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C>> (VAERS) does not track information specific to a woman's menstrual cycle, the volume of reported irregularities from the Israeli survey bears note.

Of the 615 female respondents who were under the age of 54, 59 (9.6%) reported menstrual irregularities. These women were surveyed in a follow-up interview. Within this subgroup, according to the survey, more than 88% of women reported a regular menstrual cycle before the booster dose.

However, after the booster dose:

- * 31.1% sought medical treatment for menstrual irregularities.
- * 9.1% received medication for the adverse reaction.
- * 39.0% suffered similar side effects after previous COVID vaccinations.

More than two-thirds of women reported that these initial conditions waned in the five-month interval between the primary dose series and booster dose, but the conditions returned after the booster was administered. About half the women reported their adverse event was ongoing during the seven- to 12-week window of the follow-up.

Due to the overwhelming number of anecdotal reports of menstrual irregularities here in the U.S., the National Institutes of Health in September 2021 awarded Boston University a \$1.67 million grant

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bu.edu%2Farticles%2F2021-covid-vaccines-affect-menstruation%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cc8a83587b05a49cfb7ab08d9fce74eef%2F&isredir=1>

to study the effects of COVID vaccines on menstruation. The results are expected to be published in spring of 2022.

In addition to the reactions listed above, the MOH survey also found reports of injection-site reactions and general reactions.

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The problem of underreporting

If reporting vaccine adverse events is the key to identifying safety signals, then underreporting creates an epidemic of another sort.

Josh Guetzkow

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fau-guetzkow%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cc8a83587b05a49cfb7ab08d9fce74eef%7C156593c0-4344-4681-a036-f1c1f341c897>, Ph.D., a law professor at the Hebrew University of Jerusalem, analyzed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjackanapes.substack.com%2Fp%2Fiisraeli-ministry-of-health-actually-dbd7%3Futm_source%3Durl&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cc8a83587b05a49cfb7ab08d9fce74eef%7C156593c0-4344-4681-a036-f1c1f341c897
the Israeli survey, levying a heavy-handed indictment of the safety data reported by Israel's MOH and the vaccine mandates that followed.

While he noted that the differences between Israeli and U.S. reporting systems do not lend themselves to a direct correlation, Guetzkow was able to make some connections.

Using the active survey data, Guetzkow established an approximate underreporting factor (URF) for adverse events within the Israeli population (URF = 1 means all instances of an adverse event were captured):

- * Loss of consciousness URF = 1,700.
- * Difficulty breathing URF = 48,000.
- * Seizures URF = 6,500.
- * Bell's Palsy URF = 6,000.
- * Blurred/disturbed vision URF = 4,000.

How does the URF in Israel's passive reporting system compare with underreporting by VAERS in the U.S.?

As stated above, the differences between the two reporting systems prevent direct correlation. The MOH does not use the international classification system, MedDRA, for its reporting.

However, Guetzkow was able to generate some URF estimates of several serious conditions based on similarities in the two reporting systems.

Here's what he found:

- * Seizures/convulsions VAERS URF = 731 (Total expected cases = 177,632).
- * Hospitalizations VAERS URF = 126 (Total expected cases = 266,488).
- * Bell's Palsy VAERS URF = 3,034 (Total expected cases = 488,488).
- * Shingles (herpes zoster) VAERS URF = 401 (Total expected cases = 133,200).

Even if these numbers are exaggerated by 50%, they should still be setting off safety signals within the CDC, which would, in turn, prompt further investigation.

In the absence of active, independent survey data in the U.S., which one would think vital in the face of a global push for an experimental vaccine, such extrapolation of

data from other countries is the best we can do.

What insurance company data reveal

When all else fails, follow the money.

Two health insurance

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftkp-at.translate.goog%2F2022%2F02%2F22%2Fabrechnungsdaten-der-kranken-kassen-belegen-sicherheitsdesaster-der-gen-impfstoffe%2F%3F_x_tr_sl%3Dde%26_x_tr_tl%3Den%26_x_tr_hl%3Dde%26_x_tr_pto%3Dwapp&data=0
companies in Germany are paying close attention
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde/vaccine-injuries-german-health-insurer%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc8a83587b05a49cfb7ab08d9fce74eef%7C11c>
to adverse events and vaccine-related injuries presumably because they don't want to pay out health benefits from a government-mandated, experimental vaccine.

The staggering projections from the German companies are consistent with all-cause mortality

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2F2013%2F2013-nvss-hispanic-white%2F2013-nvss-hispanic-white.pdf>
numbers reported in the U.S.

According to the analyses, all-cause mortality in Germany is up 26%, which cannot be explained by COVID deaths alone (8% max).

The underreporting factors are 13.86 times too low, which amounts to more than 400,000 serious vaccine injuries and more than 31,000 deaths that have occurred since Germany rolled out its COVID vaccination campaign.

The vaccination campaign is the only variable that can account for this unnatural increase.

Based on some rough per-capita numbers, we could expect to see 1.6 million serious adverse events and 126,000 deaths related to the COVID vaccine here in the U.S.

Conclusion

As a capture system

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccinesafety%2Fvaers%2Fabout%2Fwhat-is-vaers%2F>, VAERS has been a tool of convenience for the CDC used — before COVID — to demonstrate the safety of traditional childhood vaccines.

When a Harvard audit

[illegible]

But once COVID vaccines were rolled out, and the number of adverse events

From: Joanne Edinberg
Sent: 3/3/2022 2:25:52 PM
To: DOH WSBOH
Cc:
Subject: Please follow the TAG recommendation

External Email

Hi,

I am writing to share my opinion to NOT add the COVID-19 vaccine to the school requirements, as the TAG recommended.

Thank you for taking the advice of the TAG and the larger community in making your final decision.

Joanne

"A moment of self-compassion can change your entire day. A string of such moments can change the course of your life."
-Christopher Germer

From: Testify Online Survey
Sent: 3/4/2022 11:54:13 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 9th

2.

Agenda Item or Issue:

Covid19 issolation and quarantine & adding covid19 vaccine to lisy of required vaccines.

3.

Your Name:

Leatha Black

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

Isolation and quarantine and immunization for covid 19

11.

Are you Pro or Con on the proposal?

2. Con

My children will not be getting the covid 19 vaccine and I will not be subject to Isolation quarantine. This virus we have been exposed to this is am abuse of power.

From: DOH Information
Sent: 3/4/2022 8:01:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\18123A203F314619_image001.png

Good Morning,

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%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, March 3, 2022 3:12 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:

Please do not require COVID19 vaccines for children of any age. As a parent of two boys, I'm greatly concerned about connection between these vaccines and heart inflammation. There are better ways to deal with COVID 19 in children. Our families risk/benefit analysis is not in favor of COVID19 vaccines for our children. Given that the vaccines dont stop contraction or spread of the disease, it makes sense that this issue remain one of personal choice.

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:

Camron

Email:

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

Telephone:
4256910783

5.

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

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

From: Martina Collom
Sent: 2/28/2022 10:48:47 AM
To: DOH WSBOH
Cc:
Subject: Public Comment about the Covid Vaccine

External Email

Greetings,

There really isn't any reason at this point to mandate a covid vaccine in our children that does not prevent infection. The vaccines have waned to the point of being borderline ineffective. Parents will not be giving vaccines to their children no matter what is decided. We will leave public education if this happens in mass. Please read the NY Times article from February 28, 2022: "The vaccine's effectiveness against hospitalization declined to 73 percent from 85 percent in the older children. In the younger children, effectiveness dropped to 48 percent from 100 percent. But because few children were hospitalized, these estimates have wide margins of error." There is absolutely no reason to discuss mandates any further. Save yourself the time and just allow parents to make their own decisions as it should have been from the beginning.

Thank you,

Martina Collom

From: Roberta Wolf
Sent: 3/4/2022 11:21:11 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email



Ask the Board to accept the recommendation of TAG concerning required Covid vaccination not to be mandated.

This is still an EUA injection. The following information has been accumulated:

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for 5- to 11-year-olds show:

* 7,724 adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

, including 170 rated as serious
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26SERIOUS%3DON%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

and 3 reported deaths
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26DIED%3DYes%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

.

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%2F19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

) 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.

* 16 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

of myocarditis and pericarditis (heart inflammation).

* 29 reports of blood clotting disorders.

*

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for 12- to 17-year-olds show:

* 28,793 adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

, including 1,651 rated as serious

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26SERIOUS%3DON%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

and 38 reported deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26DIED%3DYes%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

.

The most recent deaths involve a 13-year-old male (VAERS I.D. 2042005

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>

) from an unidentified state who died from a sudden heart attack seven months after

receiving his second dose of Moderna, and a 17-year-old female from an unidentified

state (VAERS I.D. 2039111

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fstate%2F2039111%2F>
) 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%2F68%2F>
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%2F68%2F>

.

* 629 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F629%2F>
of myocarditis and pericarditis with 617 cases

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F629%2F>
attributed to Pfizer's vaccine.

* 155 reports of blood clotting disorders, with all cases attributed to Pfizer.

*

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for all age groups combined, show:

* 19% of deaths were related to cardiac disorders.

* 54% of those who died were male, 41% were female and the remaining death reports did not include the gender of the deceased.

* The average age

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Ffind%2Faverage%2F>
of death was 72.6.

* As of Feb. 4, 5,038 pregnant women reported adverse events related to COVID vaccines, including 1,615 reports of miscarriage or premature birth.

* Of the 3,531 cases of Bell's Palsy

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F3531%2F>
reported, 51% were attributed to Pfizer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F3531%2F>
vaccinations, 40% to Moderna

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F3531%2F>
and 8% to J&J

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F3531%2F>

.

* 858 reports of Guillain-Barré syndrome

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Barre%2Bsyndrome%2B%252810018767%2529%26VAX%3DCOVID19%26STATE%3DNOTFR&data=04%2F

(GBS), with 40% of cases attributed to Pfizer

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Barre%2Bsyndrome%2B%252810018767%2529%26VAX%3DCOVID19%26VAXMAN%3DPFIZER%2FBION

, 30% to Moderna

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Barre%2Bsyndrome%2B%252810018767%2529%26VAX%3DCOVID19%26VAXMAN%3DMODERNA%26STA

and 28% to J&J

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F858%2F>
Barre%2Bsyndrome%2B%252810018767%2529%26VAX%3DCOVID19%26VAXMAN%3DJANSSEN%26STA

.

* 2,316 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2F2316%2F>
of anaphylaxis where the reaction was life-threatening, required treatment or resulted in

death.

* 1,576 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocardial-infarction>

* 12,981 reports of blood clotting disorders in the U.S. Of those, 5,780 reports were attributed to Pfizer, 4,627 reports to Moderna and 2,527 reports to J&J.

* 3,950 cases

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocarditis-and-pericarditis>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocarditis-and-pericarditis>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocarditis-and-pericarditis>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocarditis-and-pericarditis>

Not all doctors agree. As Dr. Steven Pelech of the University of British Columbia explained

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwesternstandardonline.com%2F2021/08/24/scientist-raises-concern-over-vaccine-risks-and-variant-misinformation%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cac23f5d3ca10426f498108d9fe13fdbd%2F>

"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."

With 6 million cases of COVID vaccine failure

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fus.engagingnetworks.app%2Fpage%2F6-million-covid-vaccine-failures>

For babies 6 months to 4 years old, the COVID risk is virtually zero. According to the accumulated information, Covid vaccines for 5 years old and above the risk is greater than the benefit.

There's no public health benefit to jabbing them.

Thank you,

Roberta Wolf

Sent from my iPad

From: Molly Harrington
Sent: 3/3/2022 8:10:06 AM
To: DOH WSBOH
Cc:
Subject: Please ratify TAG so vaccine is not mandatory for kids

External Email

I am writing to ask that you please ratify the recommendation for a mandate of the Covid-19 vaccine in children here in Washington. As we can see in the adult population, it has not stopped people from getting and spreading Covid-19 and the risk to children for possible future side effects is too great to make it mandatory.

Please consider the rights of parents and people to make their own decisions regarding vaccinations-especially experimental ones with such little data to know what the long term effects may be to children. I think of DES and some of the meds of the past that were considered safe that caused great harm to children and adults and this is not something that should be mandatory.

Thank you for your consideration.

Molly Gallo

Sent from my iPhone

From: Vicky Keller
Sent: 2/28/2022 11:57:53 AM
To: DOH WSBOH
Cc:
Subject: Recommendation of Advisory Board

External Email

I really hope that you will accept the valid recommendation of the advisory board you have assembled and uphold their recommendation to not include the Covid vaccine as a requirement for any of our school children. Please don't be a typical government agency that appoints an advisory board only to ignore their recommendation.

It is time to return the power and decisions about child welfare to their parents.

The focus of the Department of Education is to teach our children to read, write and math, period!

Vicky Keller

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: carolyn_winters
Sent: 3/4/2022 11:48:23 AM
To: DOH WSBOH
Cc:
Subject: Public Comment I support TAG recommendation to NOT require Covid 19 "vax"
for K-12

External Email

WABIH,

I Respectfully urge BOH to ratify the TAG's recommendation AGAINST a mandate for K-12.

This experimental EUA drug should not be imposed on children who are low risk and have strong natural immunity.

It is clear that CDC and pharmacy have misled all Americans on how safe and effective these mRNA / arms shot are. Do not become part of their hideous crimes against humanity.

Stand up for medical freedom in WA State!

Carolyn Winters

Poulsbo WA

3609301377

Sent from my iPhone

From: Sarah Hiam
Sent: 3/3/2022 3:28:54 PM
To: DOH WSOH
Cc:
Subject: school vaccine mandate

External Email

Dear Board of Health:

I'm writing ahead of your upcoming meeting and vote on whether to require the COVID vaccine for our state's children to attend school.

I've written you in the past touching upon the various criteria your board uses to determine whether it's prudent and beneficial to include various vaccines as school attendance requirements. It should be apparent by now that the COVID vaccine does not meet your criteria. I will not take the time to review the studies I sent in my prior correspondence.

Most recently, an article was published by the New York Times which stated that this vaccine has very limited efficacy in the 5-11 age group. Pfizer Shot Is Far Less Effective in 5- to 11-Year-Olds Than in Older Kids, New Data Show - The New York Times (nytimes.com)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F0
vaccine-

It appears that its ability to lower hospitalization rates in young kids is diminishing as well. Of course, the risk of pediatric hospitalizations was already very low so lowering this risk further is a negligible benefit.

The vulnerable individuals among us have had ample opportunity to become vaccinated and the vaccine is very accessible to them. We cannot make our children shoulder the protecting them when they need to assume responsibility for that. The vaccine provides clear benefit for older age groups.

Minorities comprise the largest percentage of vaccine skeptics. Mandating this vaccine will shut them out of school, and thus limit their educational opportunities. Preventing these demographic groups from receiving an education is hypocritical at a time when lawmakers in our state are striving for more diversity, equity, and inclusion in all sectors.

Children are at higher risk of complications from influenza and that vaccine has never been mandated for school attendance. The flu shot does not prevent transmission. Neither does the COVID vaccine. This is another reason that a COVID vaccine mandate is illogical.

Many other countries do not offer the COVID vaccine to children, or only offer it to high risk children. The US is very much an anomaly in administering it to this population to begin with.

Seroprevalence studies from a few months ago show that 58-60% of children under age 12 have antibodies to COVID. I suspect that percentage is higher now. Since natural immunity is more durable than vaccine-mediated immunity, we need to acknowledge that.

With so much uncertainty in the data in children, who are at low risk for COVID

complications regardless of vaccination status, it makes no sense at all to include this vaccine among those that are required for kids to attend school. At this point, we do not know how many doses children will need, including whether they need a third dose. We do not know whether those doses need to be spaced further apart, as has been suggested, to reduce the risk of adverse effects such as post-vaccine myocarditis. We are uncertain about the efficacy of this vaccine going forward. We do not know the long term effects from this vaccine. This vaccine clearly does not prevent transmission of COVID. It should be very clear that this vaccine is NOT the same as the more established, well-studied, safe, and efficacious immunizations our children already receive and thus should not be a requirement for school attendance at this time.

Parents should be the ones who choose whether to vaccinate their children. The state should not be involved in this. I can promise you that if you mandate the COVID vaccine to attend school in Washington, a huge number of students will leave the public school system. Please follow the TAG recommendation and do not mandate this vaccine for K-12 school attendance.

Thank you.

Sincerely,

Sarah Hiam

From: lukesgang@comcast.net
Sent: 3/4/2022 11:02:25 AM
To: DOH WSBOH
Cc:
Subject: March 9th meeting

External Email

Comments for 3/9/2022

Agenda item 9 – rule making petition

Please accept the proposed rule change of allowing only products that have met phase 3 clinical trials and have received full fda approval, not just emergency use approval

General comment

If this is addressed at the March 9th meeting. I support the many comments you have received that state there is no justification to add covid-19 vaccinations to the required school/childcare schedule. Your own tag team voted against this recommendation, and if you listen to much of the discussion, it is surprising the vote was as close as it was. Almost all tag member expressed concern about public acceptance, reality requirement would add little to limiting covid-19 impacts and cause significant drain on medical and school resources to process the large number of exemptions that would be submitted by families. When you address this issue, please leave this decision up to families and their health care providers.

Lorilyn Rogers

229 w Wyandotte Ave

Shelton, WA.

From: purehealingwarrior
Sent: 3/3/2022 8:32:45 PM
To: DOH WSBOH
Cc:
Subject: Shots should NOT be required!

External Email

To Whom it May Concern,

I am contacting you to respectfully ratify TAG's recommendation against a mandate of the CV19 shot for school children and daycare children.

Bodily autonomy and ones health are very personal. Any decisions made to take a vaccination, medicine, test, etc., should be the personal decision of the parent's of school children.

There should be a freedom of choice within this arena, and these "mandates" should not be forced upon anyone against their personal health views. The parents are responsible for their children and their well being, not the state, not the BOH.

Please reconsider TAG's majority vote of "NO" to the "shots" being a requirement to attend school or daycare.

Sincerely,
KC

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: Matthew Pugh
Sent: 2/28/2022 8:50:27 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: Nicki Schepis
Sent: 3/4/2022 7:44:14 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern;

I am writing to you as a mother of two school aged children and an aunt to several school aged children. I urge you to not add the Covid vaccine to the list of immunization requirements for schools and daycares.

This pandemic has slowed immensely and there is sufficient evidence to show that there is just not enough long term data surrounding the Covid vaccines being offered. It is my right as a mom to decide what should be injected into my own body as well as my childrens. No state agency should be in a position to require this risky vaccine to an age population that is BARELY affected by it.

The governor has gone far enough! Our poor children have had to be masked up for almost two years. Has your agency done any sort of investigation into the detrimental affects this pandemic has had on mental health, domestic violence, social emotional learning, etc etc. For a "disease" that doesn't affect our kids a shot is not the answer.

I listened in on the TAG meetings and am happy they recommended against adding the Covid vaccine to the immunization schedule. However, wouldn't one think that data should be presented from all perspectives? The speakers presenting were clearly endorsing the vaccines. This is biased and doesn't allow for an actual open dialogue so that one can come to their own conclusion. For such a big decision that was being considered data from all sides should've been shared. Instead they downplayed the VAERS reporting system as well as the side effects of the vaccine.

Do you really want to take part in this experiment and years from now be part of the system that forced our youth to get these vaccines when the side effects and data will be undeniable?!

Plus the vaccine is gene therapy as you must continue getting boosters etc for it's supposed efficacy. This is insane. Furthermore, do a little research into these big pharma companies. There are 38,000 lawsuits against Johnson & Johnson regarding cancer causing baby powder. J & J is trying to censor this from the public media. Why??? Have you considered these big pharmaceutical companies part in the opioid crisis? The truth is these huge companies only care about money. **I ONLY CARE ABOUT THE HEALTH AND SAFETY OF OUR YOUTH. DO NOT RECOMMEND THE COVID VACCINE FOR OUR CHILDREN!!!**

Thank you,

Nicoline Schepis

Sent from my iPhone

From: Hailey Nutt
Sent: 3/4/2022 11:59:24 AM
To: DOH WSBOH
Cc:
Subject: COVID Vaccination for Daycare and School Attendance

External Email

Dear WA State Board of Health,

As you meet next week to discuss adding COVID-19 vaccination to daycare and school requirements, I request that you ignore the politics of this controversy and only look at it objectively as a question of health.

If you are looking at this topic as a question of health, then you must understand that immunity is the end goal, whether that be from immunization or previous infection.

You must consider that the discussion is not solely between "unvaccinated" verses "vaccinated" children. Rather, there is a third group that consists of unvaccinated children who have immunity from a previous infection. You must include previous infection as immunity. Assuming that all unvaccinated children have less protection that vaccinated children is not science-based. You must make this decision comparing "vaccinated" verses "non-vaccinated with previous infection" verses "non-vaccinated with no previous infection."

Recent data from the CDC estimates that 58% of children 0-17 years old in the United States have been infected with SARS-CoV-2 and now have immunity to the virus.

(<https://covid.cdc.gov/covid-data-tracker/#national-lab>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23national-lab&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C820399a1c21c41f6a95508d9fe197a64%7C11d0e2172>

)

I urge you to consider natural immunity when you are making this decision that with affect the lives of many children and families in Washington.

Sincerely,
Hailey de Paula

From: Sandra Stanbury
Sent: 3/4/2022 7:23:17 AM
To: DOH WSBOH
Cc:
Subject: COMMENTS FOR THE MARCH MEETING

External Email

Hello, Washington State Board of Health members,

It is tantamount to the reviewing of the 246-105 WAC that expert, independent information, research and data reporting be considered before adding and mandating the COVID19 vax to the school entry schedule! Please read my public comments below, intended for consideration for the Wed. March 9 meeting.

Do the members of the WSBOH know that the federal agencies: CDC, FDA have been captured by the companies, especially Big Pharma, and persons who are benefitting financially from the mandates? Benefitting to the tune of millions and billions of dollars. Is it really about health and safety or is about the money and profits?? Pfizer, for example, is on record as the most criminal company, repeatedly found guilty by the courts of bribery, deception of "scientific" studies (which they funded) in order to profit financially (and politically).

Here are some independent sources and information to consider":

1. When risk vs. benefit is reported the results is turned upside down by using relative risk instead of absolute risk. The efficacy of the COVID19 vax goes from 98% to less than 0.1%. This upside down result is also true of the other 2 shots from Moderna and J& J. The CDC, and your 2 speakers on the TAG meeting who parroted the CDC's reports of the efficacy and safety of the Covid 19 vax were speaking to the relative risk vs. benefit factor NOT the absolute risk vs. benefit.

2. Contrary to your experts' info given on the TAG meeting, VAERS is a reliable source. The one drawback is that it is highly under reported, i.e. difficult for the lay person to use, and doctors and nurses are coerced to not use this reporting method. VAERS reporting system has received more reports of injury from the COVID19 vaccine in the last 12 months (since the roll out of the COVID vax) than they have receive in all of its 30 years of reporting 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. (BTW, the writer of this email has firsthand testimony from a local medical person who has received reports from a "boots on the ground" medical colleague who has witnessed 5 times the miscarriages in pregnant women who have taken this COVID 19 vax!! That person reported that because of this large increase of miscarriages during 2021 (not 2020), the hospital scheduler was having difficulty scheduling all of the necessary D&C procedure for these women who had lost their babies, not just during the 1st term, some in the 2nd term, some in the 3rd term of their pregnancy and some still births!)

3.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. (If it has not been censored, these interviews can be seen on Youtube.)

4. 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 Dr. Malone's quote.]

The censorship de-platforming of this and other legitimate dialogue and scientific reporting is an indication of control and the fear of letting the truth out and allowing valid, opposing data. It is a violation of freedom of speech and information. The WSBOTV 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 WSBOTV 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.

P.S. Truth is a LION, it needs no defense. Let it loose and it will defend itself

I am agreeing with my friend Nancy Joy on these statements

--

Sandra Stanbury

Brain Gym Consultant
Phone(425) 823 3712

Peace in the Body ,Sings in the Spirit

From: Testify Online Survey
Sent: 3/4/2022 11:45:47 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/4/22

2.

Agenda Item or Issue:

Isolation Quarantine regarding Covid 19 and adding covid 19 vaccine to school requirements.

3.

Your Name:

Joseph Williams

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?

1. Yes

I'm a parent.

10.

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

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

As Americans we are free people and not slaves. No one should be able to involuntarily isolate anyone. It also puts our law enforcement at risk as most Americans will look at this like kidnapping. This bill is unlawful and un-American. It should NOT be passed against the peoples will.

From: info@healthyschools.org
Sent: 3/4/2022 9:04:01 AM
To: DOH WSBOH
Cc:
Subject: NewsSlice: National Healthy Schools Day 2022 is Special! Attend the Healthy Schools Summit on Climate

External Email

View Online

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March 4th, 2022

□□□□□□□

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Mireille Ellsworth, Hawaii State Teachers Association/Healthy Schools Caucus

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News: White House Calls for new Clean Air in Buildings Initiative!

White House National COVID-19 Preparedness Plan

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcts.vrmailer3.com%2Fclick%3Fskmi%3A\(%3F%253C%3Dhref%3D\)%255B%255Cs%255D*%255B%27%2522%255D\(%3F%253Curl%253Bhref-id-source-8&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C0a677e0366d7417b20dd08d9fe00f838%7C11d0e21](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcts.vrmailer3.com%2Fclick%3Fskmi%3A(%3F%253C%3Dhref%3D)%255B%255Cs%255D*%255B%27%2522%255D(%3F%253Curl%253Bhref-id-source-8&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C0a677e0366d7417b20dd08d9fe00f838%7C11d0e21)

- March 2022 - News to celebrate the plan calls for a "Clean Air in Buildings Challenge" as part of keeping schools and businesses open (see p 78ff).

Healthy Schools Network comment: This is a big step forward in recognizing the need to improve indoor air in school and child care environments. We and our scores of partners are continuing to push for significant new FY23 funds

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Healthy Schools Network
153 Regent Street, Ste. 1050
Saratoga Springs, NY 12866

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From: Amber Costello
Sent: 3/4/2022 8:22:47 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Now is not the time to require additional vaccination for students and children in child care in Washington. We do not know enough about the long term affects of the vaccine on our children. This information was not shared widely and I'm losing faith in our public health system and politicians.

Public schools will lose funding, children will go online, families will not vaccinate their children with the Covid vaccine if required. I urge you to not require the Covid vaccine for students and children in child care.

Amber Costello

From: Ethan Toler
Sent: 3/4/2022 11:54:20 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I wanted to submit a quick comment stating I am against any mandated immunization of our children that is being considered. If this item (#9) should pass I will be pulling my son from the public school system.

Ethan

Sent from my iPhone

From: Leon Cheyne
Sent: 3/4/2022 8:01:57 AM
To: DOH WSBOH
Cc:
Subject: Against mandatory vaccine

External Email

I would like to say I am against the mandate of vaccines in our youth.

Leon Cheyne

Sent from my iPhone
425-785-4981

From: Angela Cook
Sent: 2/28/2022 5:37:19 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: Jessica Stober
Sent: 3/3/2022 7:30:00 AM
To: DOH WSBOH
Cc:
Subject: Comments for next meeting

External Email

Hello. I'm grateful the TAG committee is not recommending the covid shot to the schedule. Please do the right thing and follow their lead, as well as parents concerns across the state. We all now know that the shot DOES NOT stop transmission, and provides little to no value AT ALL for children (see below NYT article from 2/28 that states "the vaccine offered almost no protection against infection".)

If enrollment numbers in public schools are bad now, try adding this shot and see what happens. More families will choose to move one state over or homeschool. We as parents want more control over our children's health, not less. We want to decide risk/benefit for our children.

Thank you for your consideration.

<https://www.nytimes.com/2022/02/28/health/pfizer-vaccine-kids.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fpfizer-vaccine-kids.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9a7e71c0d1f04e0e337708d9fd2aac90%7C11d0>>

From: Ashley Simonson
Sent: 3/3/2022 9:05:57 PM
To: DOH WSBOH
Cc:
Subject: Tag response

External Email

I will pull my children out of the public schooling if anyone lets this pass to require a "vaccine " covid vaccine that doesn't even prevent someone from getting it or spreading it to anyone else! When you have to change the definition of a vaccine to fit the covid vaccine you know something is wrong with it! My kids are fully with the vaccines that prevent horrible disease! I know a lot more parents that will be pull their kids out too! The covid jab doesn't have enough research to know how it will effect these kids in 20 plus years down the road! Keep our kids safe and do the right thing! Stop forcing a vaccine that doesn't work! Especially on young innocent children!

-Ashley simonson a concerned parent

From: RICHARD STEWART
Sent: 3/4/2022 8:41:15 AM
To: DOH WSBOH
Cc:
Subject: Day care and children up to K12

External Email

I strongly believe that children should not be vaccinated for a disease that rarely affects them. It has been proven that a vaccine doesn't prevent a person from getting Covid or from spreading Covid. If the parents wish to have their child vaccinated they can make that choice. Thank you Richard Stewart

Sent from my iPhone

From: C S Wilson
Sent: 3/3/2022 9:51:30 AM
To: DOH WSBOH
Cc:
Subject: Ratify TAG's Recommendation

External Email



BOH Members,

I respectfully urge you to ratify the TAG's recommendation against mandating COVID-19 shots for Washington children to attend daycare and/or K-12 schools.

Caution is warranted given the trajectory of the data collected since the beginning of the pandemic, and especially given the wisdom gained over the course of the same.

I am strongly opposed to mandating these shots for any Washington state youth.

Thank you for your attention, your diligence, and your hard work. All are appreciated greatly.

Catherine Wilson

Coupeville, WA

From: kuehlfam10@gmail.com
Sent: 3/4/2022 8:44:41 AM
To: DOH WSBOH
Cc:
Subject: Support of TAG recommendation against Covid-19 vaccination requirement for K-12 students

External Email

Good morning,

I am writing this email in support of the TAG recommendation from their most recent meeting against requiring the Covid-19 vaccine for K-12 students in WA state public schools.

We are a family that has vaccinated adults (including Covid-19 vaccines from Moderna and Pfizer). Our children, both students in the VPS district, have received all recommended vaccines for their ages since birth, now ages 6 and 10, with the exception of Covid-19 which was only available under emergency use authorization for their age. We do not think there has been enough research done, nor time passed, since the Covid-19 vaccine was created to be confident it is safe for our young and still developing children. In addition to that, they have both already had and recovered from Covid-19 without complications and did not pass it to any adults, even those unvaccinated they saw before we knew we had any exposure and developed symptoms. The same is true for all of their peer group, an overwhelming majority of which have had Covid-19 in the last 6 months.

The potential risks to their health long term outweigh the negligible (at best) benefits a Covid-19 vaccine offers them. As parents we must weigh each decision about their health carefully as those choices have the potential for implications long after they are grown and adults, making their own decisions. Inoculating a generation of youth with little evidence it will bring meaningful protection to them or others without additional health concerns in their future as a result is not something I can support.

Thank you for your consideration and attention to this matter. May the ultimate decision be guided primarily with concern for the students and their health not just today, but in the future as well.

Sincerely,

Emily Kuehl

From: Nancy the Soul Dancer
Sent: 3/3/2022 8:17:31 PM
To: DOH WSBOH
Cc:
Subject: Public comment for the WSBOH March 9 meeting

External Email

Hello, Washington State Board of Health members,

It is tantamount to the reviewing of the 246-105 WAC that expert, independent information, research and data reporting be considered before adding and mandating the COVID19 vax to the school entry schedule! Please read my public comments below, intended for consideration for the Wed. March 9 meeting.

Do the members of the WSBOH know that the federal agencies: CDC, FDA have been captured by the companies, especially Big Pharma, and persons who are benefitting financially from the mandates? Benefitting to the tune of millions and billions of dollars. Is it really about health and safety or is about the money and profits?? Pfizer, for example, is on record as the most criminal company, repeatedly found guilty by the courts of bribery, deception of "scientific" studies (which they funded) in order to profit financially (and politically).

Here are some independent sources and information to consider":

1. When risk vs. benefit is reported the results is turned upside down by using relative risk instead of absolute risk. The efficacy of the COVID19 vax goes from 98% to less than 0.1%. This upside down result is also true of the other 2 shots from Moderna and J& J. The CDC, and your 2 speakers on the TAG meeting who parroted the CDC's reports of the efficacy and safety of the Covid 19 vax were speaking to the relative risk vs. benefit factor NOT the absolute risk vs. benefit.

2. Contrary to your experts' info given on the TAG meeting, VAERS is a reliable source. The one drawback is that it is highly under reported, i.e. difficult for the lay person to use, and doctors and nurses are coerced to not use this reporting method. VAERS reporting system has received more reports of injury from the COVID19 vaccine in the last 12 months (since the roll out of the COVID vax) than they have receive in all of its 30 years of reporting 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. (BTW, the writer of this email has firsthand testimony from a local medical person who has received reports from a "boots on the ground" medical colleague who has witnessed 5 times the miscarriages in pregnant women who have taken this COVID 19 vax!! That person reported that because of this large increase of miscarriages during 2021 (not 2020), the hospital scheduler was having difficulty scheduling all of the necessary D&C procedure for these women who had lost their babies, not just during the 1st term, some in the 2nd term, some in the 3rd term of their pregnancy and some still births!)

3.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. (If it has not been censored, these interviews can be seen on Youtube.)

4. 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 Dr. Malone's quote.]

The censorship de-platforming of this and other legitimate dialogue and scientific reporting is an indication of control and the fear of letting the truth out and allowing valid, 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.

P.S. Truth is a LION, it needs no defense. Let it loose and it will defend itself!"

From: Jane P

Sent: 2/22/2022 11:02:57 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),benjamin.wilfond@seattlechildrens.org,TLocke@olympicmedical.org,tlocke@co.jefferson.wa.us,Bill. 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,DOH Secretary's Office,Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),Bayne, David M (DOH),Becker, Leslie (DOH),DOH Secretary's Office,Perez, Elizabeth (DOH),Peterson, Kristin I (DOH),Weed, Nathan (DOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Forcing experimental medical treatment is a pure evil criminal act. We The People will go after each of you who supports it!!!

External Email

Forcing experimental medical treatment is a pure evil criminal act. We The People will go after each of you who supports it!!!

From: Stephanie Kuemerle
Sent: 3/2/2022 3:55:52 PM
To: DOH WSBOH
Cc:
Subject: NO MANDATORY COVID VACCINATIONS FOR SCHOOL CHILDREN

External Email

I am writing to ask you to ratify the Technical Advisory Group's recommendation to NOT require mandatory COVID vaccinations for school children.

This vaccine is not needed by the vast majority of children and is still experimental. It should not be mandated and should be solely the decision of each child's parent(s).

Sincerely,

Stephanie Kuemerle
11528 Arrowhead Dr
Gig Harbor 98332

From: Mike and Mary Wilcox
Sent: 3/3/2022 2:19:59 PM
To: DOH WSBOH
Cc:
Subject: covid

External Email

Please do NOT ratify school children to have covid shot. Thank you, Mary Wilcox

breakout/pfizers-covid-shots-less-effective-for-5-to-11-year-olds-study/
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkhn.org%2Fmorning-breakout%2Fpfizers-covid-shots-less-effective-for-5-to-11-year-olds-study%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2172>>
And there is an mRNA brand new finding, Swedish study *needs more research, as its only in-vitro thus far* RNA converting to DNA in liver cells <https://www.mdpi.com/1467-3045/44/3/73/htm>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F1467-3045%2F44%2F3%2F73%2Fhtm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2172>>
News: <https://trialsitenews.com/new-study-mrna-vaccines-alter-human-liver-dna-in-vitro/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fnew-study-mrna-vaccines-alter-human-liver-dna-in-vitro%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2172>>

With TAGs recommendations due to the Science changing, the dosing still in study due to the heart inflammation risks and the findings that the efficacy for ages 5-11 is subpar, the recommendation should be to vote no for now and delay decision-making until all current findings have been addressed by Pfizer, the FDA and the CDC. Thank you,
Concerned Informed Parent and Citizen

On Fri, Feb 11, 2022 at 5:06 PM Jean Clark <jean.c.clark@gmail.com>
<<mailto:jean.c.clark@gmail.com>> > wrote:

As a parent and citizen of WA state and an info tech professional I have had an opportunity to listen to the am portion of the TAG meeting on Thursday. I admit I am not a doctor, nor academic or research scientist but am voicing my concerns as a suburban mom with an undergrad degree who has done some home health care in the senior/developmentally disabled community and substitute taught for grades K-12. I work with information in technology now as a profession but understand people's individual health profiles do not come with a one size fits all solution. As seen with my mom who had stage 3c Cancer and is a survivor. Doctors advised chemo and radiation for my mother and after careful research and talking to several doctors we knew the chemo may kill her at her low weight with her comorbidities so we went with two forms of radiation instead. She has been in remission for 10 years. From this experience I understand where there are risks, there must be choices.

I have major concerns about adding the Covid 19 vaccine to the list for school children. Apart from the fact that Covid is not a childhood disease (adding the Covid 19 vaccine to the list would be like adding the flu shot to the list). Healthy kids are not the demographic for this RNA flu virus. Seniors are. IFR for healthy kids is about 20 in 1 million <https://github.com/mbevand/covid19-age-stratified-ifr>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgithub.com%2Fmbevand%2Fcovid19-age-stratified-ifr&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2172>>
.

Next concern is that the Science has changed since gathering most of the data used for the TAG presentation on Thursday. We are still gathering empirical evidence on children and the vaccines and dosing. There is only full BLA/FDA approval for over age 16 <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine#:~:text=Today%2C%20the%20U.S.%20Food%20and%2Cyears%20of%20age%20and%20older>

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

events%2Fpress-announcements%2Ffda-approves-first-covid-19-vaccine%23%3A~%3Atext%3DToday%252C%2520the%2520U.S.%2520Food%2520and%2Cyears%2520. No country in Europe is requiring covid vaccines for kids to attend school and there may be a good reason for this. Children are at extremely low risk of severe COVID-19. The virus is less deadly to children than flu and pneumonia. Dr Lim of UW IHME had the most up to date data as he included some Omicron data from the past few months and his modeling predictions are that we are on the downward projection. To this end. We need to gather more current data vs using data from the last two strains to make important decisions that will surely make it onto House Bills and be met with opposition. Most of the 9 point criteria have not been met. I do not have knowledge of all the criteria on the meeting agenda so I only answered the items below that I have information/knowledge on and I have cited examples.

Criteria 1. No. The effectiveness of the vaccines since Omicron indicates a MUCH Higher vaccine breakthrough (55.9% breakthrough with Omicron vs 3.2% Alpha/Delta). Which now fails effectiveness criteria. Severity of Covid is going down. Significantly fewer patients need hospitalizations than previous strains (19.8% Omicron vs 54.6% Alpha/Delta). Significantly less deaths (0.9% Omicron vs 5.4% Alpha/Delta).
https://www.youtube.com/watch?v=9q5XHmQR5M&feature=youtu.be&ab_channel=DrbeenMedicalLectur

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

Who is Dr Been?<https://medicinex.stanford.edu/medx-speakers/mobeen-syed/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedicinex.stanford.edu%2Fmedx-speakers%2Fmobeen-syed%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d>

Criteria 4. No. Myocarditis...We should further study this. It appears to occur in one in 3,000 to one in 7,000 boys between 12 and 17 after a second COVID-19 vaccine dose <https://jamanetwork.com/journals/jama/fullarticle/2788346>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Ffullarticle%2F2788346>
Still undergoing studies about the spacing between dosing
<https://www.nbcnews.com/health/health-news/covid-vaccine-cdc-advisers-weigh-delaying-second-shot-eight-weeks-rcna14905>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbcnews.com%2Fhealth%2Fhealth-news%2Fcovid-vaccine-cdc-advisers-weigh-delaying-second-shot-eight-weeks-rcna14905&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d>

Criteria 6. No. The vaccination against this disease does not prevent person-to-person transmission. The CDC Director said so herself, the vaccines no longer prevent transmission "CDC Director: The Vaccines No Longer Prevent transmission"

<https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d>

Transmission has nothing to do with viral loads as we previously thought (they are similar now in both vaxxed and unvaxxed <https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ucdavis.edu%2Fhealth%2Fcovid-19%2Fnews%2Fviral-loads-similar-between-vaccinated-and-unvaccinated-people>

19%2Fnews%2Fviral-loads-similar-between-vaccinated-and-unvaccinated-people&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2) Transmission has to do with getting infected in the first place
<https://www.bmj.com/content/376/bmj.o298>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F376>
. Once you're infected, you still can—although what we know about the window when you're most likely to transmit the virus to others has improved. And as we see now with Omicron... there is a MUCH higher vaccine breakthrough (55.9% breakthrough with Omicron vs 3.2% Alpha/Delta).

Criteria 7. No. The vaccine containing this antigen is not acceptable to all the medical community and especially not the public for children. For adults, yes. For seniors definitely <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v2.full>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.07.08.21260210v2.full>
But for healthy children no. And that is what this TAG focus group is about. To decide what vaccines children in this state will be required to have for daycare and school entry (preschool-12). For preschool, news just in today the fda-postponed its-advisory-committee-meeting-discussion for the-request-authorization for the Pfizer Covid 19 vaccine for ages 6 months to 4 years old <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-postpones-advisory-committee-meeting-discuss-request-authorization>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-fda-postpones-advisory-committee-meeting-discuss-request-authorization&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2>
They are still gathering empirical data on the dosage. We are still in the midst of trials using EUA for kids ages 15 to 5. Trials won't be complete until May 31st 2023
<https://www.fda.gov/media/151710/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710/download>
. Therefore public acceptance will be low, rightfully so with this information still forthcoming.

Criteria 9. No. (The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.) There will be pushback as long as we are still gathering empirical data and do not have full BLA for this demographic and know Covid is not a childhood disease. Covid is not Polio or measles and the shots do not protect against infection/transmission and protection from severe disease lasts 6 months not a lifetime like other vaccines. Covid shots are akin to flu shots. Protection wanes and you can still infect and transmit. Also if Omicron is any indication of the of future of Covid 19, endemic flu is what we have here, which healthy children have no problem navigating <https://mynorthwest.com/3326564/uw-virologist-omicron-sub-variant-endemic/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmynorthwest.com%2F3326564%2Fuw-virologist-omicron-sub-variant-endemic%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6745fbac8b82440802b408d9fd49d79d%7C11d0e2>
Thank you for listening.

--

Sincerely, Concerned Informed Parent and Citizen

From: Zana Carver
Sent: 3/3/2022 11:39:49 AM
To:
Cc:
Subject: FW: | 03.02.22 | Biden presses for insulin price cap at State of the Union; BMS, Novartis and more await crucial FDA decisions

External Email

https://www.fiercebiotech.com/biotech/facing-omicron-curveball-inovio-seeks-endpoint-switch-amid-fear-it-will-strike-out-against?utm_source=email&utm_medium=email&utm_campaign=LS-NL-FierceBiotech+Tracker&oly_enc_id=7876A0124545G5B
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fiercebiotech.com%2Fbiotech-facing-omicron-curveball-inovio-seeks-endpoint-switch-amid-fear-it-will-strike-out-against%3Futm_source%3Demail%26utm_medium%3Demail%26utm_campaign%3DLS-NL-FierceBiotech%2BTracker%26oly_enc_id%3D7876A0124545G5B&data=04%7C01%7Cwsboh%40sboh.wa.>

Changing endpoints

“One question for Inovio is whether its trial, which has a sample size of 7,000 to 10,000, is large enough to show a drop in severe COVID-19 in the vaccine arm. Severe COVID-19 is rare—Pfizer saw 31 cases at the six-month analysis of its 42,000-subject clinical trial—and omicron appears to be milder than early forms of the virus. Inovio has assessed the sample size, Kim said, and expects the original enrollment target to be sufficient.”

Sent from Mail

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for Windows

From: Fierce Biotech PM Tracker <<mailto:editors@go.fiercebiotech.com>>
Sent: Wednesday, March 2, 2022 1:17 PM
To: Zana Carver <<mailto:Zana@zanacarver.com>>
Subject: | 03.02.22 | Biden presses for insulin price cap at State of the Union; BMS, Novartis and more await crucial FDA decisions

Inovio smashed by omicron curveball

To view this email as a web page, click here

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PM Tracker

March 02, 2022

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Today's Rundown

* Biden presses for capping insulin costs and nursing home reforms in first State of the Union

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* BMS, Novartis, Akebia and more face FDA approval decisions soon, with big sales on the line

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* Facing omicron 'curveball,' Inovio seeks endpoint switch amid fear it will strike out against original goal

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* Russia-Ukraine war: Siemens vows to continue serving all patients while Conformis freezes Russian sales

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* SAB's shares drop 45% after NIH ditches COVID-19 trial due to waning hospitalizations

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* FDA approves J&J's allergy-fighting contact lens infused with an antihistamine

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* Pfizer revs up to leave GSK in the dust as maternal RSV vax granted FDA breakthrough tag

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* Black patients wait longer for diagnosis, treatment of colorectal cancer, new study finds

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* Palm-sized PCR testmaker Visby ropes in \$100M for tenfold production boost

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* FDA slaps hold on Finch's C. diff med to get info on COVID-19 screening for donor-derived therapy

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* COVID-19 tracker: J&J shot less effective than Pfizer's against hospitalization, study says

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* FDA warns against using unauthorized COVID tests from ACON, SD Biosensor, Celltrion

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* Tenet Healthcare is no longer spinning off Conifer, its revenue cycle subsidiary

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* FDA says no, thank you to Xpovio's cancer expansion bid, prompting Karyopharm to run new study

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Featured Story

Biden presses for capping insulin costs and nursing home reforms in first State of the Union

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By Robert King

President Biden called for a \$35 monthly cap on insulin costs and a series of reforms to nursing homes such as staffing requirements during his first State of the Union speech.

[read more](#)

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This week's sponsor is PCI.

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PCI Completes LSNE Acquisition

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The injectable CDMO market is a high-growth segment, and PCI is making significant investments, like this acquisition, to respond to the evolving landscape. View Sterile Fill Finish Capabilities.

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BMS, Novartis, Akebia and more face FDA approval decisions soon, with big sales on the line

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By Kevin Dunleavy

An interesting and varied group of drugs—ranging from two first-in-class cancer therapies to a treatment that removes frown lines—face target dates for approval this month. Many of the decisions bear watching as their status could have far-reaching implications in the industry and for patients.

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Facing omicron 'curveball,' Inovio seeks endpoint switch amid fear it will strike out against original goal

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By Nick Paul Taylor

The long wait for phase 3 data on Inovio's COVID-19 vaccine just got longer. With DNA vaccine INO-4800 generating significantly lower antibodies against omicron than original SARS-CoV-2, Inovio has paused enrollment and asked regulators to change the primary endpoint to prevention of severe disease.

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Russia-Ukraine war: Siemens vows to continue serving all patients while Conformis freezes Russian sales

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By Andrea Park

According to a report from the U.S. commerce department's International Trade Administration, the market for medical equipment in Russia totals more than \$5 billion.

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SAB's shares drop 45% after NIH ditches COVID-19 trial due to waning hospitalizations

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By Max Bayer

SAB Biotherapeutics' COVID-19 antibody treatment SAB-185 is no longer following in the footsteps of AstraZeneca's Evusheld as the National Institutes of Health has axed a sponsored phase 3 trial citing low COVID-19 hospitalizations.

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FDA approves J&J's allergy-fighting contact lens infused with an antihistamine

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By Conor Hale

Johnson & Johnson's Acuvue Theravision lenses are laden with ketotifen, the same drug used in a variety of eye drops for taming reactions to pollen, grass, pet dander or dust.

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Pfizer revs up to leave GSK in the dust as maternal RSV vax granted FDA breakthrough tag

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By Annalee Armstrong

Pfizer already got a major boost for its maternal RSV vaccine this week, when trials for GlaxoSmithKline's rival shot were halted. And now the FDA has granted Pfizer a breakthrough therapy tag, which could allow the New York pharma to put the pedal to the metal and leave its U.K. peer in the dust.

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Black patients wait longer for diagnosis, treatment of colorectal cancer, new study finds

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By Anastassia Gliadkovskaya

Black patients were more likely to be diagnosed at a more severe stage of the disease and waited an average of eight days longer than white patients for treatment.

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Palm-sized PCR testmaker Visby ropes in \$100M for tenfold production boost

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By Andrea Park

COVID-19 case numbers may be plummeting, but the demand for fast-acting and easily accessible PCR-quality diagnostics—for the coronavirus and beyond—shows no sign of slowing down.

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FDA slaps hold on Finch's C. diff med to get info on COVID-19 screening for donor-derived therapy

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By Kyle LaHucik

Finch Therapeutics' phase 3 trial for a C. difficile med has been placed on clinical hold by the FDA as the agency requests more information on how the biotech screens the donor-derived microbiome therapy for the virus that causes COVID-19.

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COVID-19 tracker: J&J shot less effective than Pfizer's against hospitalization, study says

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By Angus Liu, Eric Sagonowsky, Kevin Dunleavy, Fraiser Kansteiner, Sophia Sorensen

A study from France shows that Johnson & Johnson vaccine recipients were five times more likely to be hospitalized from COVID-19 than those who received the Pfizer-BioNTech jab. Pfizer will supply the U.S. with 1 million courses of its antiviral pill this month and double that supply in April. Brazil has produced its first batch of COVID-19 vaccines made entirely in the country. And more.

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FDA warns against using unauthorized COVID tests from ACON, SD Biosensor, Celltrion

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By Andrea Park

Nearly two full years into the COVID-19 pandemic, the FDA is still rooting out sales of unauthorized tests and so-called treatments for the coronavirus.

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Tenet Healthcare is no longer spinning off Conifer, its revenue cycle subsidiary

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By Dave Muoio

After years of restructures and underwhelming offers, Tenet's board has decided to stick with Conifer for the long haul.

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FDA says no, thank you to Xpovio's cancer expansion bid, prompting Karyopharm to run new study

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By Angus Liu

That was fast. Just three weeks after touting a late-stage clinical trial win, a defeated Karyopharm Therapeutics now says the FDA doesn't think the data support a label expansion for cancer drug Xpovio.

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Wednesday, March 16 | 11am ET / 8am PT

This webinar will explore the feasibility of integration and how taking parallel approach enables each activity to be fully executed within a typical vs compressed timeframe, yet enables the overall project timeline to be shortened, often significantly. Register Now.

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From: Jennifer Groeneweg
Sent: 3/4/2022 11:54:17 AM
To: DOH WSBOH
Cc:
Subject: PLEASE DECLINE adding covid shot to childhood immunization schedule

External Email

Parents everywhere watched the TAG group majority vote NO to adding the covid shot to the childhood immunization schedule. This recommendation AGAINST needs to be upheld.

The covid shot is still under emergency authorization and is still not approved. An experimental shot should NOT be required for school attendance of healthy children who are nearing zero risk of death from covid. Exemptions cannot be relied on as justification for approval, as we are seeing exemptions being eroded around the country.

There is now overwhelming evidence that these shots are not safe. The VAERS database is indicating concerning rates of injury and death.

We are seeing stories of children who are dying after covid vaccination. Adding this experimental shot to the immunization schedule would put more innocent children at risk.

8-Year-Old Boy Dies of MIS 7 Days After Pfizer Vaccine, VAERS Report Shows •

Children's Health Defense (childrenshealthdefense.org)

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Citizens across the country have also been able to access the recently released Pfizer report, which contains 8 pages of potential adverse reactions. Again, adding this shot would sacrifice the health and lives of innocent, healthy children. Never before have we asked children to risk their bodies to shield the at-risk population because it is immoral and unethical.

Pfizer report:

5.3.6-postmarketing-experience.pdf (adversereactionreport.com)

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(starting on pg 30 and on).

Please do not approve. Please follow your heart. Please do the right thing.

Sincerely,

Jennifer Groeneweg
(425) 236-1014

From: Karen Rudd
Sent: 3/3/2022 9:18:01 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To All Those on the Board,

As you continue to keep open-ended the possibility of mandating vaccination for all school aged children attending school, I am writing to make clear that I am utterly against any mandates for vaccination for all people, and in this case, specifically, for school children.

* Covid-19, when using the standard rounding rules of math, rounds out to a 0% chance of death for children with no co-morbidities (and possibly for many with even just ONE co-morbidity).

* mRNA spike proteins, in all third party research (meaning the researchers are not making any money for providing the desired answer), continues to show concern as it is remaining in the body for much longer than anticipated. This provides grave potential damage to immune function...the last thing needed for children who still have a lifetime ahead of them....And, a 0% chance of dying from covid-19 if healthy.

* We still have NO LONG TERM safety data. We cannot!!! Yet, this is deeply necessary.

* Pfizer is actively changing all of their terminology at this point. Their stocks, along with Moderna's, are beginning to dive deep. Wall Street is seeing the writing on the wall. What writing??? Pfizer insisted the Judge not release their data for 75 years (just in time for this whole generation to die). If your product has no chance of proving FRAUD in the trial data, why would you do such things? These very acts suggest an increasingly STRONG POSSIBILITY that fraud will be found against these companies in the data. In fact, the first lawsuit against them has begun in Europe.

* VAERS continues to climb in numbers. And, Harvard found in 2011 that the biggest problem with VAERS is that it underreports by 1-11%. Thus, the real numbers of deaths FAR EXCEEDS any numbers currently reported on VAERS. Unless, of course, suddenly -- and just for covid-19 -- VAERS miraculously no longer has this problem even though there has been no changes made to the actual program or system or platform that VAERS is being used on.

* A study done on covid-19 vaccinated athletes in the NCAA revealed that at least 50% of them had signs of heart damage yet the vast majority of these 50% were showing NO SIGNS.

* Health Insurance and Life Insurance companies are now revealing hard core data. There were more deaths in the last 6 months of 2021 than either 6 month periods of 2022. Only a fool would believe that causation and connection are not involved.

* Stocks for funeral homes are soaring! Why?

* Cardiologists are experiencing astronomical increases in demand. Where are all these clots coming from? How are there all these different "coincidences" yet one could assuredly assess no connection? The scientific method attempts to prove truth from every angle, trying every potential. Science NEVER TURNS A BLIND EYE.

Thank you for your time in reading my statements. I urge you to be on the best side of history -- taking a stand against the crowd, against propaganda, and for TRUE FREEDOM OF CHOICE.

All the best,

Karen Rudd

Gig Harbor, WA

From: Heather Rider
Sent: 3/2/2022 3:05:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

As a Covid-19 survivor, I beg you to please take into consideration that you are basically saying that the vaccine is a "fix all and is the only way to keep people safe" if you pass this as a requirement for our schools. Which is obviously not truth. Why are we not considering natural immunity? I had covid over a year ago, I have not masked and I continue with my life as normal, seeing over 20 family and friends in close contact a week. If this was so deadly, so contagious, why are my antibodies still so high? I have to get them tested every 3 months and mine are still extremely high! I have been in close contact with family who has had covid since that were actively contagious and I still haven't had it again. You have to acknowledge natural immunity as well as there is really no risk to kids from this! Also, my other question for you is.... if you were to enforce this, are you going to make every kid continue to get boosters every 3 months or 4 months as the new variants come out and they require a booster to be considered fully vaccinated to stay in school? This is absolutely ridiculous, I don't even know how this is even being considered. The other vaccines that are currently required are proven effective and they only needed their one or two doses and then they give protection without having to continue to vaccinate. This is totally different because it's a leaky "vaccine" if you want to continue to call it that despite it not being a vaccine. Please please, think about the repercussions before you make decisions that effect everyone. Let everyone decide if it's right for them. If people feel they need it, let them get it, if they don't then why make them? The people who get it obviously believe it works, so if it protects them, then why does it matter if they are around someone who isn't? This is the first time in history that a vaccine that doesn't work is being blamed on the people who won't take it! Just crazy. Let us do the parenting and you stay out of it.

From: Part Tobiason
Sent: 3/3/2022 11:25:29 AM
To: DOH WSBOH
Cc:
Subject: vaccine recommendations for students

External Email

To the board:

I ask that you ratify the Technical Advisory Group's recommendation not to force vaccinations on Daycare through 12th grade students. The TAG has looked at the science and come to this conclusion and I hope that you will follow the science as well.

Thank you,
P. Tobiason

From: DOUG & JANA CLEMMER
Sent: 3/4/2022 9:26:06 AM
To: DOH WSBOH
Cc:
Subject: AGAINST COVID-19 shot mandate for school-age children

External Email

Washington State Board of Health,
I urge you to accept the TAG's recommendation to NOT MANDATE that COVID-19 shots be required for school attendance by our children. This should be a decision for parents to make for their children, not the government. Side effects from the shots can be detrimental to the health of some, so mandates should not play a role in putting something in our children's bodies.
Thank you for your consideration,
Jana Clemmer

From: Heather Hibbard
Sent: 3/3/2022 10:33:41 AM
To: DOH WSBOH
Cc:
Subject: TAG recommendation-

External Email

Members of the BOH- I respectfully implore you to follow the recommendation of the TAG on COVID-19 vaccines for schools and daycare centers and NOT add these vaccines to those required for attendance. The vaccines do not stop transmission. Children are at very low risk of contracting COVID-19, and when they do if it is very mild. My own children all had it last year and it was very mild. However, the side effects from the vaccine are anything but mild. The reports of heart inflammation must be further investigated before this vaccine is mandated for school attendance. All of the COVID vaccines are under EUA, not even fully FDA approved. I am frankly appalled the BOH would even consider adding this vaccine to the required list for school attendance.

Thank you-

Heather O'Briant, mother to three kids

From: Summer Lloyd
Sent: 3/4/2022 1:58:59 AM
To: DOH WSBOH
Cc:
Subject: Recommendation Concerning Vaccine Mandates

External Email

Hello,

My name is Summer. I am a citizen of Spokane who would like to give a recommendation concerning the vaccine mandates for children, and also some encouragement. I believe that the parents have the right to decide whether or not their child should take the shot. I am greatly concerned about the children's safety, as there have not been any instances that I have seen where they have had fatal side effects from the coronavirus or spread it to others; however, there have been reports of adverse side effects and even deaths from the vaccine (more than the virus). I, and I am sure many others, would appreciate very much if you followed the TAG's recommendation against the vaccination mandate.

But even more importantly, I sincerely ask and pray that you seek God for guidance in any decision you make. Please listen to His voice above all others, knowing that He is our strength and refuge in troubling times and our protection from all danger. My prayer is that God will bless you with peace and assurance always.

Sincerely,
Summer Lloyd

From: theresalane@comcast.net
Sent: 3/4/2022 10:02:54 AM
To: DOH WSOH
Cc:
Subject: Stop Covid Mandates for Children

External Email

Dear Mr. Pendergrass, Mr Grellner, Mr Shah, and All WA Board of Health deciding members,

I am a very concerned WA parent and it is Alarming that you are even considering adding the Covid shot to the vaccine list for children. I am reaching out to make sure you get balanced information.

What about Safety and the fact that kids do Not need these shots? Kids have 99.98% survival rate with Covid. The Covid shot it by far More Risky to kids than Covid. Where there is risk there Must be Choice.

The main reason it seems that government and Big Pharma wants the Covid Shots on the required list for school entry is Not for the benefit of children but to ensure that Big Pharma has No Liability for the harm the Covid shots are doing to many people.

What are the long term impacts of these shots? Only time will tell. CDC, FDA, NIH and Big Pharma cannot be trusted. They have way too many conflicts of interest and all are profiting financially from the Covid shots.

Look at who is truly benefiting most for these vaccines...Follow the Money.

If you really care about children and making the right choice please watch the following video on the Pfizer vaccine trials. This Truthful info is not covered on the main stream media because it may cause vaccine hesitancy.

Factually Scientific video by Canadian Covid Care Alliance on Pfizer vaccine trials (30 min) <https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc04f3bc76ac04f3cc6b108d9fe0918d6%7C11d0>>

PDF slides to go with the video <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec->

16-2021.pdf

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/content%2Fuploads%2F2021%2F12%2FThe-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc04f3bc76ac04f3cc6b108d9fe0918d6%7C11d0e>

Sincerely,

Theresa Lane

Concerned WA Parent

From: Marcia Onarheim
Sent: 3/4/2022 7:18:39 AM
To: DOH WSBOH
Cc:
Subject: Ratify Decision Against Covid Vaccine Mandate

External Email

Dear Board of Health,

I am writing to you as a school employee, a parent, and a community member requesting that you ratify the decision made by the Technical Advisory Group to not mandate a covid vaccine for schools. I do believe families have the right to choose the vaccine for their children if they so desire, but mandating it would be a real burden for schools, would further deteriorate the relationship between schools and families, and would not likely gain the benefit of health desired.

I have known of plenty of students sick with covid (they got better), and have witnessed vaccinated students sick with it as often as unvaccinated. I have also seen students at school suffering from the effects of the vaccine. After seeing Omicron run through our community, I am doubtful the vaccine was helpful for young people. The ongoing school and activity testing for covid has also been very disruptive. Additionally, the college requirement of vaccines has been an undue stress for many families. People seem to have pretty good sense about when they are sick and should stay home.

Thank you for your thoughtful consideration, and please ratify the decision against mandating covid vaccines for students in Washington state.

Sincerely,

Marcia Onarheim

From: Stephanie Breuner
Sent: 3/3/2022 2:30:28 AM
To: DOH WSBOH
Cc:
Subject: NO to COVID shots for daycare and K-12 students in Washington.

External Email

PLEASE do not require COVID shots for daycare and K-12 students in Washington.

Stephanie
Camas WA

From: Kirby, Kristin @ Bellevue
Sent: 3/3/2022 3:15:26 PM
To: DOH WSBOH LBOH Composition,DOH WSBOH
Cc:
Subject: Public Comment - March 9 - Public Meeting



attachments\26DE954CB68A4464_image002.png



attachments\CC8621CA04364027_WSBOH Criteria #6 Rebuttal - Lara Gabriel RN.pdf



attachments\3F5298ADD8D3418F_image002.png



attachments\3FBFFF85084D4B54_image003.png



attachments\2E21C278E81C4CC0_1152-S2.SL.pdf



attachments\6D8288D3865248F7_image001.png



attachments\34E6572E89764492_WSBOH_ Criteria 5 Rebuttal - by Dr. Carver.pdf



attachments\11E9EA4FCB6C4D39_image001.png



attachments\6F298681844A4CC1_image004.png

External Email

Good afternoon,

Regarding the Local Board of Health Composition – I only hope there is representation by people with varying views of issues and concerns. The whole Board cannot think the same way or the same thing. That's not diverse and doesn't represent the community nor is that fair or unbiased.

What is the cost to this update if the members have their expenses reimbursed?

WAC 246-100-070 – I don't believe community resources should be wasted on punishing community members of a misdemeanor for not following health office orders. This should be repealed.

WAC 246-100-040 – This should be repealed. After living through these crazy times, of government overreach and scare tactics, there should not be a law confirming a local health office at their "sole discretion" order a person into involuntary detention. Voluntary compliance to get a vaccine means it's voluntary. You cannot force a person to get a vaccine or medical examination. These rights are protected. This is insane to me. That we would forcibly incarcerate people who some could deem a threat based off the reasons listed is insane.

Chapter 246-105 WAC – There is no way the Covid-19 shot should be included in ANY requirement for school. First of all, the very title states “certain vaccine-preventable diseases” – Covid shots do NOT fit this criteria. They do not provide full immunization. I have sent a few emails already to the BOH TAG regarding the issues. Further the TAG voted against this the other week.

Points to be made:

The Israeli Ministry of Health has found:

1. Hospitalizations - Six of the 2,049 (.29%) respondents were admitted to the hospital following the booster shot. That number, when extrapolated to the millions of booster doses that have been administered:

Israel: 4.5 million booster doses administered = 13,000 hospitalizations

U.S.: 92 million booster doses administered = 270,000 hospitalizations

2. Exacerbation of pre-existing disease - Six different categories of reported “chronic morbidities” (pre-existing diseases) were identified. These were the proportions of respondents in each category that reported a worsening of their disease after receiving a booster:

Heart disease = 5.4%.

Hypertension = 6.3%.

Lung disease = 7.0%.

Diabetes = 9.3%.

Anxiety disorder or depression = 26.4%.

Autoimmune disease = 24.2%.

3. Neurological side effects - A percentage of respondents (4.5%) reported a neurological adverse event. Ten different categories of neurological side effects were reported, including tingling sensations, Bell’s Palsy, blurred vision, convulsions and involuntary movements. 3.9% of respondents reported an allergic reaction following the booster dose (rash, difficulty breathing, face/throat swelling), though no instances of anaphylaxis were reported.

4. Menstrual cycle irregularities - While the U.S. government-run Vaccine Adverse Event Reporting System (VAERS) does not track information specific to a woman’s menstrual cycle, the volume of reported irregularities from the Israeli survey bears note. Of the 615

female respondents who were under the age of 54, 59 (9.6%) reported menstrual irregularities. These women were surveyed in a follow-up interview. Within this subgroup, according to the survey, more than 88% of women reported a regular menstrual cycle before the booster dose. However, after the booster dose:

31.1% sought medical treatment for menstrual irregularities.

9.1% received medication for the adverse reaction.

39.0% suffered similar side effects after previous COVID vaccinations. More than two-thirds of women reported that these initial conditions waned in the five-month interval between the primary dose series and booster dose, but the conditions returned after the booster was administered. About half the women reported their adverse event was ongoing during the seven- to 12-week window of the follow-up. Due to the overwhelming number of anecdotal reports of menstrual irregularities here in the U.S., the National Institutes of Health in September 2021 awarded Boston University a \$1.67 million grant to study the effects of COVID vaccines on menstruation. The results are expected to be published in spring of 2022. There are some people out there who are naturally resistant to Covid – and scientists are trying to figure out why.

* A German health insurer BKK ProVita said an analysis of data collected from more than 10 million people suggests COVID vaccine side effects are “significantly” underreported. The company said its analysis revealed a “significant alarm signal” and said “a risk to human life cannot be ruled out.”

* A study released recently showed the effectiveness of Pfizer’s COVID-19 vaccine in 5- to 11-year-olds was only 12% after a seven-week period of observation. Federal health officials knew about the findings since early February.

Highlighted in red is the astoundingly low Vaccine Effectiveness (VE) in preventing COVID infection in the younger age group during the final week of observation. During the time period indicated in the chart, the VE was a mere 12%. The rate of new COVID cases in the unvaccinated group was 70 per 100,000 children per week compared to 62 per 100,000 per week. This means that 12,500 children would need to be vaccinated to prevent a single, non-severe COVID-19 infection. The same column of data also demonstrates a steep downward trend throughout the time window considered. Vaccine effectiveness is not only unimpressive, it’s getting worse. It’s being said that “vaccination of children 5-11 years will be protective against severe disease and is recommended,” and yet the VE was still only 48% in preventing hospitalization from COVID. This corresponds to an Incidence Rate Ratio (IRR) of 1.9. An IRR of 1.9 indicates that an unvaccinated person has 1.9x the risk of being hospitalized compared to a fully vaccinated person. Note that a VE of 48% in preventing hospitalization and an abysmal 12% in preventing infection falls short of the stipulation for Emergency Use Authorization (EUA), which requires the authorized intervention to have a 50% effectiveness. VE is calculated by comparing the risk of disease in the unvaccinated to that in the vaccinated. A closer examination of rates of infection in the unvaccinated demonstrates a clear difference between the two age groups. Unvaccinated children in the 5-11 age group have substantially less risk of being infected than unvaccinated adolescents in each week of observation. In other words, one reason why VE is so low in children is that they are more resistant to infection to begin with. They do not need this shot.

Data from this large group of children in New York demonstrate the COVID vaccine provides little, if any, protection from SARS-COV2 infection. This is not surprising given the rapid emergence of the Omicron variant and future variants. Each variant will be weaker but spread more quickly. At this time only one quarter of children 5 to 11 years old have been fully vaccinated in New York State. With such marginal and diminishing benefits, continuing to vaccinate cannot be justified. This is the same for WA State.

* Endless COVID-19 booster shots are being presented as the solution to the pandemic, as repeated injections increase the level of antibodies in your body. But artificially inflated antibodies signal to your body that you're always infected, and the resulting immune response could prove to be detrimental to your health. Repeated booster shots may lead to a "death zone," accelerating the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis. Molecular mimicry may be to blame for autoimmune conditions caused by COVID-19 shots — there are often significant similarities between elements in the vaccine and human proteins, which can lead to immune cross-reactivity. Case reports suggest that COVID-19 shots may trigger vaccine-induced immune-mediated and autoimmune hepatitis, and concern is growing that repeated booster shots will only worsen outcomes.

WHY WOULD WA STATE MANDATE THIS ON CHILDREN? We do not get the flu shot to protect another person. We should not be forcing injections on children to "protect" others – they are the ones that need protecting from these injections.

Thank you,

Kristin Kirby

Keeping of animals.

- CR-103E Alert: Emergency Rule Adoption, Chapter 246-101 WAC – Notification and Reporting of COVID-19

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcontent.govdelivery.com%2Fattach...>
to continue the requirements established in WAC 246-101-017 – Novel Coronavirus
(SARS-CoV-2), Coronavirus Disease 2019 (COVID-19) Reporting. The emergency rule is
effective November 29, 2020 and will be in effect for 120 days upon filing. The CR-103E
announces the emergency rulemaking order, filed as WSR 20-24-081.

- * Continues the designation of Novel Coronavirus (SARS-CoV-2), also known as Coronavirus Disease 2019 (COVID-19), as a notifiable condition.
- * Continues the requirement for health care providers, health care facilities, laboratories, and local health jurisdictions to report essential demographic and testing data with COVID-19 test results.
- * Requires animal case reporting of COVID-19 by the Department of Agriculture to the Department of Health.

https://childrenshealthdefense.org/defender/chd-tv-rfk-jr-defender-vanden-bossche-vaccinating-omicron-pandemic/?utm_source=salsa&eType=EmailBlastContent&eId=cf7e950c-f8c5-4b6f-a297-3df709818651

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender%2Fchd-tv-rfk-jr-defender-vanden-bossche-vaccinating-omicron-pandemic%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3Dcf7e950c-f8c5-4b6f-a297-3df709818651&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0940bdcaa92e458265c208d9fd6b5515%7C>

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<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fweibo.com%2Fcbrechina&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0940bdcaa92e458265c208d9fd6b5515%7C>>
| WeChat

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fmp.weixin.qq.com%2Fs%3F__biz%3D>

Message was attached to: Public Comment - March 9 - Public Meeting

From: Kirby, Kristin @ Bellevue

Sent:

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

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://www.fda.gov/media/144413/download>> COVID-19 vaccine with other vaccines." CDC, too, admits that it does not know <<https://www.biopharmadive.com/news/cdc-acip-pfizer-coronavirus-vaccine-adolescents/600049/>> 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://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-05-12/05-COVID-Woodworth-508.pdf>> ."

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

Message was attached to: Public Comment - March 9 - Public Meeting

From: Kirby, Kristin @ Bellevue

Sent:

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

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.

Chapter 246-105 WAC – strictly says "Immunization of child care and school children 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

WSBOH Criteria #6 Rebuttal

An evidence-based, slide-by-slide critique exposing bias, omissions, and fallacies



Lara Gabriel RN

Feb 17

♡ 2 💬 4 ➦

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](#). I will be responding only to criteria #6 in this post. [Please see this post by my colleague, Dr. Zana Carver, for her response to criteria #5.](#)

Criteria 6: *Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.*

Summary

In brief, the TAG presentation on criteria #6 shows a **substantial lack of evidence to support a “Yes” vote and overwhelming evidence to support a “No” vote**. The presentation included NO data for transmission among school-age children and those in daycare according to their vaccine status, yet expected the members to vote on this without any evidence presented.

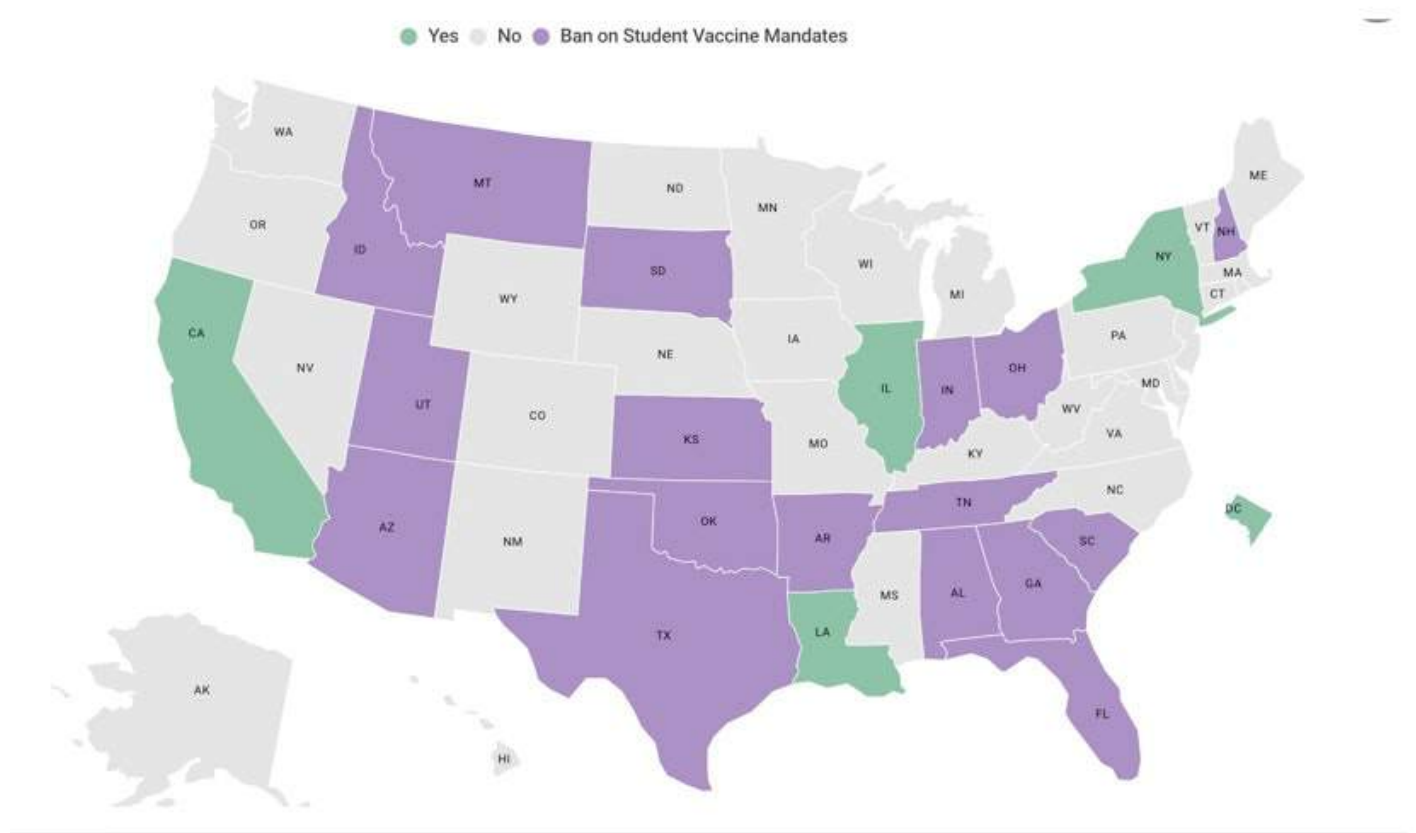
Twelve out of seventeen members voted yes, despite no evidence. The TAG team's 12 out of 17 "yes" majority vote in the face of non-existent evidence is alarming.

I care deeply about the health and safety of my fellow citizens. Mandating covid shots for kids might be understandable if scientific evidence supported the hypothesis that the injections were safe and could save many lives. Unfortunately, the science clearly shows that covid shots for healthy kids carry high risk, unknown long-term effects, and a troubling lack of safety signals, with no clear benefit over [natural immunity derived from covid infection which is very low-risk for children](#).

[An article in the peer-reviewed journal Toxicology Reports concludes:](#)

*"Given that the risk of contracting COVID-19 with serious outcomes is negligible in this population, **proceeding with mass inoculation of children 12–15 years old based on the trials that were conducted cannot be justified on any cost-benefit ratio findings.**"*

We must also consider the national context and public support for policy. Seventeen states (in purple in the map below) have banned adding covid shots to the school schedule. The majority of families oppose K-12 Covid shot mandates.



17 states currently ban student Covid vaccine mandates, 22 states have no student vaccine mandate, and a minority of 5 states have a student vaccine mandate

Questioning Assumptions

Before focusing on criteria #6, we must step back and question underlying assumptions in order to understand the lack of evidence for adding this shot to the school schedule. For simplicity, I refer to SARS-CoV2 and Covid-19 illness by the shorter, popular-use term “Covid.”

Are healthy children at significant risk from Covid transmission? No.

Unlike other vaccine-targeted disease, infection with Covid in children ranges from asymptomatic to mild cold-like symptoms. Overall deaths or severe illness in children is very rare. According to CDC data, children have a statistically nil incidence of death due to Covid. Children also have very low rates of hospitalizations associated with Covid. Note that rates of hospitalized children WITH a positive PCR test versus hospitalization DUE TO Covid is not

tracked by CDC or any state agencies. The CDC only tracks “Covid-19-associated hospitalization rates” which means hospitalization for any reason, plus a positive PCR test (which is universally given to all patients on admission). This murky metric is misleading, fear-mongering, and unhelpful for policy-making.

Should we create policy based on clinically misleading PCR tests? No.

And neither can the CDC. [The CDC has discontinued the most widely used, emergency-use authorization RT-PCR.](#) The CDC denies that the withdrawal is due to test failure in sensitivity or specificity. The CDC plans to introduce a new PCR that tests for both influenza and SARS-CoV2. [Controversy and critiques of the PCR test being used as a proxy for the diagnosis of Covid-19 disease remain,](#) raising serious doubts about the massive societal Covid-response policies built upon the foundation of the [reliability](#) of PCR tests.

Why is discussion of natural immunity lacking in the TAG presentation, and is vaccinating children against transmission of Covid even a goal worth pursuing?

Playing whack-a-mole with case counts as a policy metric may not be the best strategy for an endemic virus with a low case rate fatality and a preponderance of asymptomatic or mild illness. Instead, we must seek to understand the protective effect for the community of allowing children to develop natural immunity, with characteristically mild or asymptomatic infection, as a robust and long-lasting contribution to herd immunity. The goal of herd immunity from the mRNA injections has failed. [2022 might be the year we begin to embrace natural immunity and reasonable risk to live with Covid,](#) as we adapt from a pandemic to an endemic mindset. [The CDC has just released data from the Delta variant era that includes “infection-derived protection” and finding significant protection from re-infection and hospitalization from previous Covid infections.](#) [Case fatality rate and hospitalizations](#) are decreasing nationwide, and we can expect continued decrease of disease burden with increasing knowledge, improvements in early home treatment, therapeutics, and spreading immunity. We may also look forward to more accurate risk analysis if there is more transparency and stratification in reporting of data Current [hospital data lacks the distinctions of being hospitalized WITH Covid versus being hospitalized DUE TO Covid, or ICU hospitalizations versus general-admission hospitalizations.](#) Zero Covid is an impossible

goal, and we may shift to acceptance of reasonable risk, just as we do with other seasonal endemic respiratory viruses. [Prominent public health advocates are calling for living with Covid as the new normal.](#) Evolving milder variants, improvements in prevention, early home treatment and therapeutics, individual choice in vaccine uptake, and high rates of natural immunity in the younger generation could make childhood vaccine mandates unnecessary. The majority of the public opposes covid shot mandates for school children and daycare.

Do covid shots stop the spread of SARS-CoV2? No.

Despite early reports of some efficacy, it is becoming clear that subsequent variants have rendered the vaccine ineffective at stopping covid spread. For vaccination to be effective, it must either reduce the likelihood of a person becoming infected, or reduce the likelihood of a vaccinated and infected person infecting another person. Multiple studies show that covid shots are ineffective at preventing transmission of Omicron, including

- [In December, 2021, Pfizer stated that its product shows substantially reduced efficacy against the Omicron variant.](#)
- [The NIFB Supreme Court Amicus brief describes](#) “Real-world evidence from at least four countries with significant experience with Omicron — Denmark, the United Kingdom, Germany, and Canada, all of which provide more detailed and transparent data than has been made available in the United States — evidences that these vaccines have substantially zero efficacy at preventing Omicron transmission (p. 19-26).”
- Other studies from [Denmark](#) and [Scotland](#) show negative efficacy, meaning vaccination increases risk of illness.
- [Across the United States, vaccination rates are not related to case rates or to decreased Covid transmission within households](#)
- [Covid shots fail to decrease the viral load of infected individuals.](#)
- Countries with some of the highest Covid vaccination rate are showing the steepest rise in Covid infections, such as [Netherlands](#), [Seychelles](#), [the UAE](#), [Chile](#) and [Bahrain](#). In contrast, Africa has both the lowest vaccination and lowest Covid infections. This global pattern raises serious questions about whether covid shots are an effective tool for stopping Covid illness.
- What about early home treatment protocols?

The majority of Covid illness can be [treated effectively at home with proven, safe, multi-drug protocols for early home treatment](#). If more persons had access to [early home treatment protocols](#), then hospitalization and serious disease rates would be lower.

How do definitions of vaccinated and unvaccinated persons bias evidence?

A death within 14 days post-injection is counted as an unvaccinated death. This inflates the unvaccinated death rate and hides the death rates due to Covid shots. The vast majority of deaths from Covid shots occur within the first two weeks. [The CDC also has two different sets of testing guidelines — one for vaccinated patients and another for the unvaccinated](#). If you are unvaccinated, CDC guidance says to use a cycle threshold (CT) of 40, known to result in false positives. If you're vaccinated, they recommend using a CT of 28 or less, which minimizes the risk of false positives. [The CDC also hides vaccine failures by only counting breakthrough cases that result in hospitalization or death](#).

Is there any evidence of acceptable efficacy demonstrated in the Pfizer trials for children under 5? No.

[An unbiased TAG presentation must include this evidence](#) of vaccine efficacy failure in the Pfizer trials. [In young children, the shots appear to be falling far short of the minimum 50% efficacy standard for vaccines set by the FDA](#).

What is the risk-benefit analysis for kids?

[From VAERS, the risk to children of adverse vaccine reactions appears unacceptably high](#) for a disease with a relatively low risk of serious illness in children. The risk-benefit analysis clearly favors natural immunity and avoiding widespread use of mRNA vaccines in children until we have more data. We must remember our ethical mandate to

“First, do no harm.”

Slide-by-slide rebuttal of the conclusions reached by the TAG on 2/10 evaluation of criteria #6:

Slide 1: "Methods"

Methods used in preparing this presentation

Literature review

Articles that discussed person-to-person transmission of SARS-CoV-2 in congregate settings including schools.

Articles that compared transmission from vaccinated vs. unvaccinated person

Study selection

Studies of SARS-CoV-2 transmission in schools were done prior to the time when COVID vaccination was recommended for school-aged children

Example of such a study: [Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools](#) Pediatrics; April 2021 discussed data from school-aged children, but it was collected August 15, 2020 to October 23, 2020, so none of the study participants was vaccinated.

Studies in other settings and involving adult participants, but which compared transmission to and from vaccinated vs. unvaccinated persons will be presented.


References

All resources used in this presentation are referenced by number on the slides. Information about the corresponding source articles can be found on the reference slides at the conclusion of the presentation for those who want to read them.

- Author admits unacceptable gaps in the data on which to base evaluation of criteria #6
- There are no studies included on Covid transmission in schools between vaccinated and unvaccinated school-aged children. Therefore, there is no data to support a "yes" vote on criteria #6
- As the author admits, the information presented is based on studies of adult participants, which is not a representative population for evaluating school and childcare transmission.
- Children are not miniature adults. As any pediatrician will tell you, children have distinctive cellular and functional differences in their immune systems. A Lancet paper on this difference concludes that in "[situations such as the COVID-19 pandemic, the investigation and use of immune tools that nature has endowed to children might improve management outcomes.](#)"
- [Consider this in-depth discussion of how the definition of vaccinated and unvaccinated persons skews results toward worse outcomes for "unvaccinated" \(these two categories entail gray areas of dose and time intervals, not black and white distinctions\),](#)

- The cited studies are based on adults and the Delta variant, which are not relevant evidence for the evaluation criteria. Data on current and emerging variants is needed, or the recommendation should be to vote “no” and delay decision-making.
- Would you suggest vaccinating children against influenza with 2020 strains for a 2023 strain of flu? Vaccinating children with the Pfizer vaccine is equivalent to using a three-year-old flu shot, with no studies on efficacy with current flu variants.

Slide 2: “Vaccines can prevent transmission in two ways”



Vaccines can prevent transmission in two ways:

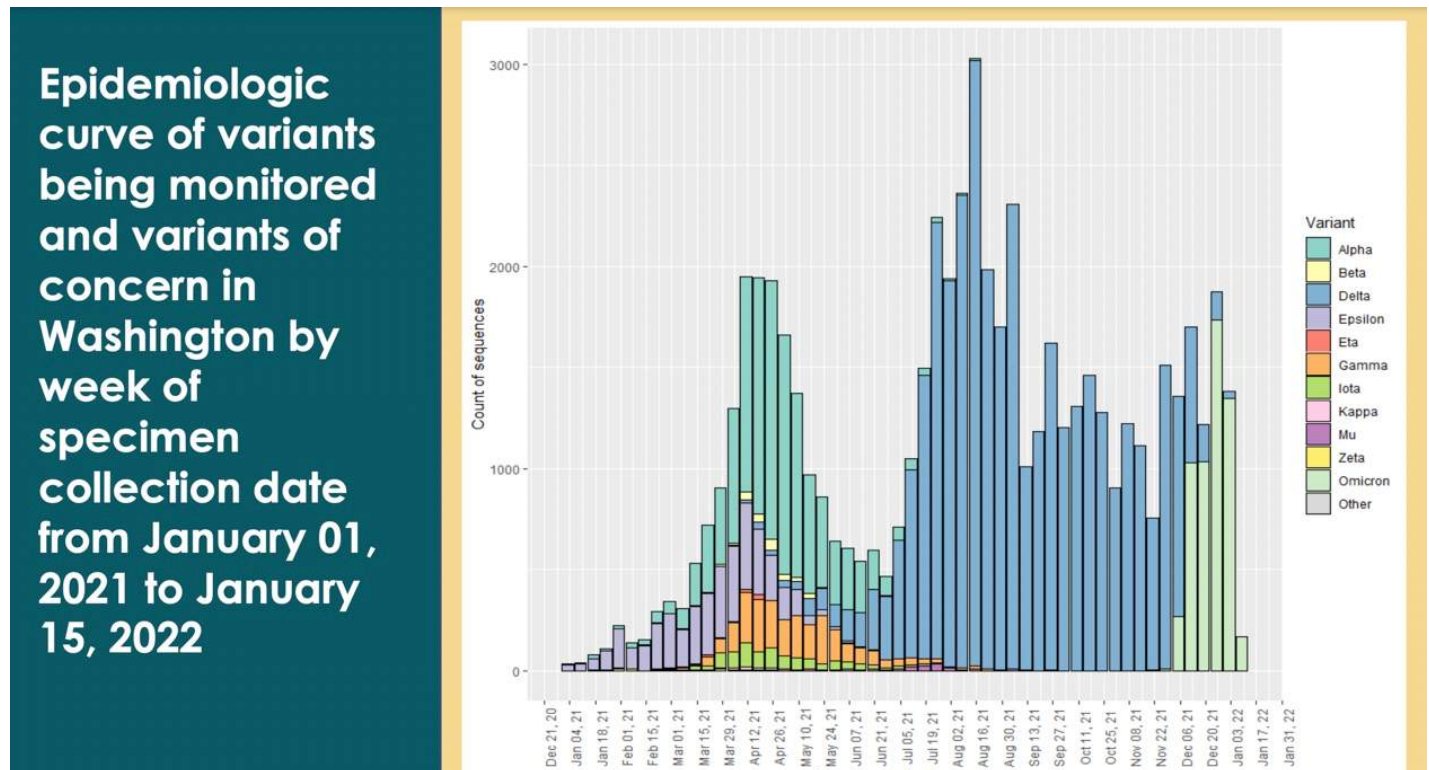
- By preventing infection in the first place
- By preventing transmission via reduced contagiousness once infected
- Studies of reduced contagiousness rarely address the full reduction in transmission
 - Studies generally require a recognizable infection (i.e., participants must have symptoms and a date of onset)
 - Contagiousness and reduced transmission from asymptomatic persons may not be considered

- As the author states, “transmission from asymptomatic persons may not be considered” (in vaccine efficacy).
- The vast majority of cases in children are asymptomatic.
- Efficacy requires a recognizable infection which requires an accurate test. Elevated cycle thresholds, inaccurate results in asymptomatic persons, and false positives remain a concern with PCR and rapid antigen testing. [The CDC has withdrawn the Real-Time RT-PCR Diagnostic Panel test.](#)
- We do not have accurate testing for Covid. We have mainly asymptomatic cases in children. Therefore, we lack evidence to evaluate transmission or vaccine efficacy. The

answer to whether the covid shot meets the nine criteria is, “We just don’t know.”

- All of the above on slide 2 supports a “no” vote on criteria six.

Slide 3: Title “Epidemiologic curve of variants being monitored and variants of concern in Washington by week of specimen collection date from January 01, 2021 to January 15, 2022”



- This chart underscores the fact that cited studies and vaccine development are based on obsolete variants. We have no evidence to evaluate the use of a 2020 vaccine on the current, rapidly evolving landscape of variants, which appear to be following Farr’s Law and producing infections in children progressing from mild in Delta to very mild with omicron.
- All of the above on slide 3 supports a “no” vote on criteria six.

Slide 4: “Viral Dynamics of Covid Variants in Vaccinated and Unvaccinated Persons”

Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons¹

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**

- A study, based on healthy adult men basketball players, with three 2020-2021 era variants
- Results: “Found no meaningful difference in the level of viral load or persistence of the virus between vaccinated and unvaccinated participants”
- This slide supports that we do not have evidence to support Criteria Six. All of the above on slide 4 supports a “no” vote on criteria six.

Slide 5: Effect of Covid-19 Vaccination on Transmission of Alpha and Delta Variants

Effect of Covid-19 Vaccination on Transmission of Alpha and Delta Variants²

Methods:

- Contact-testing data from England was used to perform a retrospective observational cohort study involving adult contacts (≥18 years of age) of SARS-CoV-2-infected adult index patients
- Study looked at the vaccination status of index patients and contacts to determine associations between vaccination status and transmission

Findings:

1. Where index patient was infected with the alpha variant, **2 vaccinations with Pfizer were independently associated with reduced positivity in contacts** as compared with contacts of index patients with no vaccination
2. **The effects of vaccination decreased over time:** Protection in contacts declined in the 3-month period after the second vaccination
3. **The reduction in transmission associated with vaccination was greater for the Alpha variant than it was for the Delta variant.**

- This slide is not relevant to the question because it describes a study of adult transmission with Alpha and Delta variants.
- “The effects of vaccination decreased over time” is evidence of the waning, temporary, short-term vaccine immunity that skews the risk-benefit analysis toward not adding this shot to the school immunization schedule.
- All the above on slide 5 supports a “no” vote on criterion six.

Slide 6: “Data on COVID-19 Transmission by Vaccinated Individuals”

Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons¹

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**

- Author mentions “Waning immunity over 3 months.” There is additional evidence that vaccine-induced immunity wanes over a few months, and may return to pre-vaccine levels. Pfizer trials in young children were extended to study a third shot due to low rates of antibody response in younger children.
- We must question the risk of imposing a school mandate on children with a vaccine that carries irreversible risk in exchange for a vaccine-mediated immunity with a rapidly waning, temporary antibody response for a disease that entails minimal risk to children.



Injecting Freedom

The Obvious Wins Again: Natural Immunity Superior to Vaccine Immunity

Does a Covid-19 vaccine provide better immunity than prior infection? While the pundits debated, the Informed Consent Action Network (ICAN) got to the bottom of this question. It engaged in a formal exchange with the CDC on this precise question. The unsurprising answer – natural immunity wins...

[Read more](#)

4 months ago · 179 likes · 38 comments · Aaron Siri

- [We must consider the lower-risk, longer-lasting option of natural immunity for school children.](#)
- The cited study conclusions are not a definitive finding on any differences in viral load of vaccinated and unvaccinated persons due to absence of microbiological studies to confirm findings.
- This study supports the “greater reduction in transmission in earlier variants, leading to reasonable assumption that transmission reduction may be low or non-existent effect in current and evolving variants.” This supports NOT vaccinating children.
- “Vaccinated people infected with the delta variant can carry detectable viral loads similar to those of people that are unvaccinated.” This supports NOT vaccinating children.
- The study on this slide focuses on severe disease. This is not relevant to all school children because children are not at risk for severe disease from Covid so they do not need a mandated vaccine. This choice is best left to individual families who may still choose to vaccinate children with underlying conditions who may be at risk of severe disease.
- [Recent studies by allergists show that children with asthma and allergies have a much lower number of ACE-2 receptors, which has been found to be protective against severe disease with COVID.](#) This re-categorizes a large category of children previously thought to be high risk.
- “Unlike delta, omicron seems to cause much higher numbers of breakthrough cases in vaccinated people.” (This is irrelevant to the question, because cases do not equal illnesses. Illnesses do not equal hospitalizations. Eliminating cases is not, in itself, a reason to mandate vaccinations for school children for an endemic virus.)
- This slide illustrates that 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. So, there is not sufficient evidence to meet the criteria.

- All of the above on slide 6 supports a “no” vote on criteria six.

Slide 7: Title: “Centers for Disease Control and Prevention talking points on Transmission of Covid in K-12 Schools and Early Care and Education Programs”

Centers for Disease Control and Prevention talking points on Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs^{5,6}

- As of December 14, 2021, approximately 70.4% of those 12 years and older in the United States were fully vaccinated.
- **Increasing COVID-19 vaccination rates will likely affect patterns of transmission in schools and communities.**
- **The introduction of new variants of the virus into the population likely will further affect the evolving epidemiology and interpretation of future studies as will understanding how transmission varies by the age of the child.**
- In Michigan and Washington state, delivery of in-person instruction was not associated with increased spread of SARS-CoV-2 in schools when community transmission was low, but cases in schools did increase at moderate-to-high levels of community transmission.⁸

When community transmission was low, there was no association between in-person learning and community spread.⁸

- If we have a 70.4 percent voluntary rate of fully vaccinated persons 12 and older, is a school mandate necessary?
- There is no supporting evidence for the talking point “Increasing COVID-19 vaccination rates will likely affect patterns of transmission in schools and communities.”
- “The introduction of new variants of the virus into the population likely will further affect the evolving epidemiology and interpretation of future studies as will understanding how transmission varies by the age of the child.” This statement supports a “No” vote because it shows more lack of evidence to support the criteria on transmission. Again, the evidence and lack of evidence points to “We just don’t know.”
- The landscape of the virus and the population is evolving, transmission and risk are both age-stratified issues, and we simply do not know enough about patterns of transmission to support an experimental use authorization of a novel technology that may do more harm than good.

- “In Michigan and Washington state, delivery of in-person instruction was not associated with increased spread of Covid in schools when community transmission was low, but cases in schools did increase at moderate-to-high levels of community transmission. When community transmission was low, there was no association between in person learning and community spread.⁸”
- A reading of the entire study shows significant limitations and inconclusive findings which makes any evidence from this study dubious for the purpose of evaluating criteria six. The limitations discussion includes, “ Event studies in Washington are **quite imprecise**, but they do not suggest the same increase in COVID spread stemming from districts’ initial reopening.” **we hesitate to offer specific recommendations** about exact case rate thresholds. This is because, as with any econometric model, **there is uncertainty in our estimates...**
- The CALDER study relies mainly on 2020 and early 2021 data and is not relevant to the current conditions. In Washington State with a high percentage of vaccinated adults, and evolving milder variants, we can expect continued low community transmission.
- The author had made an error in citation, citing reference number 8 for the statements on this slide, which is a preprint from China, not the CALDER study. This citation error undermines the authority of the presentation.
- All of the above on slide 7 supports a “no” vote on criteria six.

Slide 8: Title: “COVID-19 infection and vaccine effectiveness – community surveys in England”

COVID-19 infection and vaccine effectiveness – community surveys in England⁷

Methods:

- Community transmission study in general population aged 5 years and older
- Participants with positive COVID-19 PCR test identified during a June-July 2021 survey
- Second survey September 2021 estimated community-based prevalence of COVID-19 and vaccine effectiveness against infection

Results:

- The **highest weighted prevalence of COVID-19 infection was observed among children aged 5–12 years (2.32%), and those aged 13–17 years (2.55%)**
- Because few under 18 were vaccinated, persons under 18 were excluded from vaccine effectiveness analysis
- In persons aged 18 years and older weighted **prevalence in unvaccinated people was three to five times higher than in persons with 2 doses of vaccine**
- For 2-dose recipients in each age group over 18, **prevalence of COVID-19 infection was increased in persons whose second dose was received 3–6 months before their test compared to those who were vaccinated 3 months or less before being tested**
- All sequenced specimens were Delta

- Delta variant is referenced in the study. This study is not relevant to 2022 policy.
- Conclusions from the REACT study that support a “No” vote on the transmission criteria: “an estimate of vaccine effectiveness against infection of 63% from REACT-1 rounds 13 and 14, when the delta variant dominated... vaccine effectiveness is specific to population and time so these estimates reflect the performance of the vaccines in England during a specific time period (ie, June–September, 2021). Since then, the omicron (B.1.1.529) variant had become dominant in England by December 2021, with studies by UK HSA indicating **lower vaccine effectiveness against symptomatic infection for omicron compared to delta**”
- Study states “breakthrough infections following two-dose vaccination might increase after 3–6 months” which acknowledges rapidly waning effectiveness of the vaccine and supports a “no” vote on criteria six.
- Cited study states, “As of Sept 27, 2021, only 1214 (6.3%) children aged 12–17 years had been vaccinated in the REACT-1 study, **thus not allowing a meaningful extension of our vaccine effectiveness analyses to that age group in round 14**” Further studies of vaccine effectiveness are warranted given the rapid increase in omicron infections in England beginning in December, 2021.” Again, this supports a “no” vote on criteria six.

- A further limitation is that we do not have accurate data on the vaccination status of all participants. “Not all participants consented for linkage to their NHS records.” Study results were obtained using RT-PCR swab positivity data, and this is based on assumption that PCR test has a meaningful sensitivity and specificity for Covid, which is in doubt. Again, the cited study supports the conclusion that we do not have enough reliable evidence and supports a “no” vote on criteria six.
- The CDC defines prevalence as “the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time”. This study defines prevalence by self-administered or parent-administered PCR testing not clinical signs, in patients who may, or may not, exhibit disease symptoms. Prevalence depends on test accuracy. Tests may or may not be accurate. Prevalence measurement necessitates that a disease is clinically well- defined. There is not enough evidence of a clinically well-defined illness to support using prevalence as evidence on transmission.
- All of the above on slide 8 supports a “no” vote on criteria six.

Slide 9: Title: “Transmission dynamics and epidemiological characteristics of Delta variant infections in China”

Transmission dynamics and epidemiological characteristics of Delta variant infections in China⁸

Methods:

- Data on confirmed cases and their close contacts from an outbreak were retrospectively collected
- Key characteristics were collected, and secondary attack rates were estimated
- Important note: This article is a preprint that is still awaiting peer review.

Results:

- The mean estimates of the latent period and the incubation period were 4.0 and 5.8 days, respectively.
- The secondary attack rate among close contacts of Delta cases was 1.4%.
- **73.9% of the transmissions occurred before onset of illness in the index case**
- **Index cases without vaccination or with one dose of vaccine were more likely to transmit infection than those who had received 2 doses of vaccination**

- This study is not relevant to evidence for our question since it is deals with China, Delta and adults. The applicability and transferability of research from two very different countries is questionable.
- This study is a preprint, not peer reviewed, and accuracy of data is limited by dependence on accuracy of contact tracing methods.
- All of the above on slide 9 supports a “no” vote on criteria six.

Slide 10: “Virological and serological kinetics of Covid Delta variant vaccine-breakthrough infections: a multi-center cohort study”

Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study⁹

Methods:

- Retrospective cohort study of patients that had received a licensed mRNA vaccine and were later admitted to a hospital with COVID-19
- Compared clinical illness and test outcomes including PCR cycle threshold (a proxy for viral load) between fully vaccinated and unvaccinated individuals
- Important note: This article is a preprint that is still awaiting peer review.

Results:

- Despite significantly older age in the vaccine breakthrough group, the odds of severe COVID-19 requiring oxygen supplementation was significantly lower after vaccination.
- **PCR CT values were similar between both vaccinated and unvaccinated groups at diagnosis, but viral loads decreased faster in vaccinated individuals.**

- Uses PCR cycle threshold as a proxy for viral load, this is not a definitive finding on any differences in viral load of vaccinated and unvaccinated person. The absence of microbiological studies to confirm findings makes the results irrelevant. Per the CDC, “Cycle threshold values should not be used to determine an individual’s viral load, how infectious an individual person may be, or when an individual person can be released from isolation or quarantine.”
- Study involves adults, and many much older adults which are not relevant to school children.

- This is another preprint, not a peer-reviewed study.
- Study acknowledges high rate of infections in the vaccinated group (breakthrough infections), which supports evidence of low vaccine effectiveness in transmission.
- All of the above on slide 10 supports a “no” vote on criteria six.

Slide 11 “Effectiveness of Pfizer Vaccine against Omicron Variant in South Africa”

Effectiveness of Pfizer Vaccine against Omicron Variant in South Africa¹⁰

Methods:

- Study used live-virus neutralization assays to analyze PCR test results obtained during two time periods.
- Analyzed PCR test results obtained during two time periods:
- Comparator Period: September 1 – October 30 when the Delta variant was dominant
- Proxy Omicron Period: November 15 – December 7 when the Omicron variant had become dominant

Results:

- During the **Comparator Period, a vaccine effectiveness of 93% against hospitalization for COVID -19 was seen** for the Pfizer vaccine.
- During the **Proxy Omicron Period, a vaccine effectiveness of 70% against hospitalization for COVID -19 was seen** for the Pfizer vaccine.
- **These measures of vaccine effectiveness were significantly different.**
- Showed that **Omicron was better at escaping antibody neutralization** by the Pfizer vaccine.

- Study and slide states “These measures of vaccine effectiveness were significantly different.
- Showed that Omicron was better at escaping antibody neutralization by the Pfizer vaccine”
- All of the above on slide 11 supports a “no” vote on criteria six.

A summary of excluded critical issues in the TAG presentations to date which creates an appearance of bias:

- Omicron, the dominant 2022 variant, is very mild and very low-risk for children
- Natural immunity
- High number of deaths and serious adverse reactions in VAERS
- VAERS estimated URF (under reporting factor) for an accurate estimate of risk
- Original Antigenic Sin and Disease Enhancement caused by vaccines

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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- Age-risk stratification
- [Unknown long-term adverse effects with zero long-term safety data](#)
- Ethics of experimental use authorization drugs for children by an outside expert in bioethics
- [Risks of dosing by age not weight](#)
- Zero carcinogenicity or reproductive toxicity studies
- Misleading mortality data on hospitalizations/deaths of children WITH Covid versus DUE TO Covid
- In current era, a high case rate does not correlate with high hospitalization rate
- Clinically misleading PCR tests

- Short-term waning immunity of Covid shots versus long-lasting natural immunity
- Proven alterations in innate immunity due to Covid shots
- Warning signals in recent data, unlike Pfizer's data, shows that the covid vaccine may be causing, not preventing, premature deaths and illness. This [mathematical evaluation of Covid vaccination efficacy in England concludes that infected vaccinated people are dying at a 14.5% percent higher rate than infected non-vaccinated people.](#)
- Criminal history of Pfizer must be mentioned in every evaluation of a Pfizer product:



Kanekoa's Newsletter

Pfizer's History of Fraud, Corruption, and Using Nigerian Children as 'Human Guinea Pigs'

One of the most significant cultural transformations of the last two years has been the newfound glorification of the pharmaceutical industry. An industry plagued by decades of fraud, corruption, and criminality managed to quickly rebrand itself as the savior of humanity during the covid-19 crisis. But nothing inherently changed...

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- Exaggerated risk of very rare multi-system inflammatory syndrome MIS-C ([which is also causally linked to the Covid shots.](#))

Multisystem Inflammatory Syndrome in Children (MIS-C)

- Severe hyperinflammatory syndrome occurring 2-6 weeks after acute SARS-CoV-2 infection, resulting in a wide range of clinical manifestations and complications
- Incidence has been estimated as 1 MIS-C case in approximately 3,200 SARS-CoV-2 infections
- 60-70% of patients are admitted to intensive care, 1-2% die



• Bowen, et al. Demographic and Clinical Factors Associated With Death Among Persons <21 Years Old With Multisystem Inflammatory Syndrome in Children—United States, February 2020–March 2021. *Open Forum Infectious Diseases*, Volume 8, Issue 8, August 2021. <https://doi.org/10.1093/ofid/ofab388>

• Payne AB, et al. Incidence of Multisystem Inflammatory Syndrome in Children Among US Persons Infected With SARS-CoV-2. *JAMA Netw Open*. 2021;4(6):e2116420. Published 2021 Jun 1. doi:10.1001/jamanetworkopen.2021.16420

• Feldstein LR, et al. Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19. *JAMA*. 2021;325(11):1074-1087. doi:10.1001/jama.2021.2091

• Belay ED, et al. Trends in Geographic and Temporal Distribution of US Children With Multisystem Inflammatory Syndrome During the COVID-19 Pandemic [published online ahead of print, 2021 Apr 6]. *JAMA Pediatr*. 2021;e210630. doi:10.1001/jamapediatrics.2021.0630

• <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

CDC illustration of rare incidence of MIS-C. This number is based only on diagnosed Covid infections and may actually be much lower if estimates included asymptomatic and undiagnosed infections. Risk of severe vaccine adverse reactions or death may be much higher than MIS-C risk. Accurate data on number of vaccinated vs unvaccinated children with MIS-C is needed.

- Additionally, the presentations provide only the Relative Risk Reduction (RRR) from clinical trials, rather than the Absolute Risk Reduction (ARR). • **Absolute risk versus relative risk can be used disingenuously to manipulate public uptake of an intervention, as described in the BMJ.** It is unethical to use relative risk reduction, without balanced absolute risk reduction statistics, to manipulate policy-makers and the public about a for-profit injectable products such as Covid shots. Additionally, presentations should distinguish between the very different terms efficacy and effectiveness. It is unethical and deceptive to present research efficacy percentages without a balanced discussion of effectiveness in the real world.

“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 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%”.

- The presentations fail to include that the clinical trials in children were too small study and too short in duration to find serious adverse outcomes in either the short or

long term. Pfizer's report to the FDA for children ages 5-12, said: *"The number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination."*

- One deceptive device used by Pfizer in their trials was the elimination of study subjects after the first shot if they experienced severe adverse reactions. Maddie de Garay was twelve when her mother enrolled her in Pfizer's trial. She was injured by the first shot and is now paralyzed, but *her injury is not listed in the clinical trial data.*
- *The shifting goalposts on transmission efficacy is misleading.* "Transmission efficacy" is the ability of a vaccine to prevent a new infection leading to disease. The focus of covid vaccine efficacy in children has shifted from prevention of death to prevention of hospitalization to to prevention of serious symptoms. In the latest Pfizer trials, efficacy has shifted to using "antibody production" (ideally neutralizing antibodies, but not always.) Meanwhile, the unaware public is reading "efficacy" or "effectiveness" as all the same, which they are not. Efficacy is a measure of a vaccine in the ideal, controlled conditions of a drug trial, which can look quite high. High efficacy in a vaccine trial often does not translate to real-world effectiveness or safety.

Conclusion

In summary, the TAG presentation on criteria #6 shows a **substantial lack of evidence to support a "Yes" vote and overwhelming evidence to support a "No" vote.** The presentation included NO data for transmission among school-age children and those in daycare according to their vaccine status, yet expected the members to vote on this without any evidence presented. Twelve out of seventeen members voted yes, despite NO evidence. The TAG team's 12 out of 17 "yes" majority vote in the face of non-existent evidence is troubling and merits an independent investigation and a re-vote.



Pharmacist Sima Manifar prepares a children's dose of the Pfizer COVID-19 vaccine during a vaccination clinic. (AP Photo/Charles Krupa)

Thank you to all the concerned parents, health care providers, and citizens who continue to stay informed and provide comment or testimony to the WSBOH and/or to the FDA about your concerns on the authorization and mandates of experimental Pfizer mRNA injections for children. Because of you, and your care for children, the rubber-stamping of these irreversible injectable medical products may be paused while we gather more data on safety and effectiveness. A special thanks to the hard-working Substack writers, and to my friends, [Dr. Zana Carver](#) and [Informed Choice Washington](#) for your valuable input.

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PCR Proven An Unmitigated Disaster: Italy Reduces its COVID-19 Death Number by 97%. We Tried to Warn You.

Since March, 2020, I've been sounding the alarm on the misuse of PCR test results as a proxy for a diagnosis of COVID-19, the disease caused by a SARS-CoV-2 infection. Based on first principles, it was clear to me then that the false positive rate of PCR conducted at high cycle threshold values would lead to far more false positive than true positive t...

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Data Matters

Thumb on the scale

I have said for months that the numbers provided by the CDC just don't add up. Remember when they were claiming that 99% of all people in the hospital were unvaccinated? Simple math showed that was impossible. They had to be putting their thumb on the scale somehow...

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Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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Kids, Covid, and Covid Vaccines

mRNA Vax Pseudoscience: Dosing by Age, Not Weight

The Covid-19 mRNA vaccines require different doses to produce comparable antibody responses in human beings of different sizes. To address this issue, Pfizer created age brackets when testing the vaccine in its clinical trials. The resulting Pfizer mRNA vaccines are dosed exclusively by age. Teens and adults ages 12 and older get two doses of 30 mic...

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Kanekoa's Newsletter

Pfizer's History of Fraud, Corruption, and Using Nigerian Children as 'Human Guinea Pigs'

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Injecting Freedom

FDA Buries Data on Seriously Injured Child in Pfizer's Covid-19 Clinical Trial

When Stephanie and Patrick de Garay enrolled their 12-year-old child Maddie and her two brothers in Pfizer's Covid-19 clinical trial, they believed they were doing the right thing. That decision has turned into a nightmare. Maddie, a previously healthy, energetic, full of life child, was within 24 hours of her second dose reduced to crippling, scream-i...

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Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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Dr. Carver Writes Zana's Newsletter · Feb 18 Liked by Lara Gabriel RN

This article is very well written and supported by substantial evidence. I love the neutral tone and professionalism that's difficult to articulate when so much false and misleading information was presented. You are an excellent writer and I'm so thankful to share in the process of getting to the truth!

2 Reply



Dr. Carver Writes Zana's Newsletter · Feb 21 · *edited Feb 21* Liked by Lara Gabriel RN

I would recommend providing a public comment but conveniently for them the link does not exist. Please email them and let them know that you would like a link to provide a comment. Thanks!

COVID-19 Vaccine Public Response

Prevention and Community Health Division

Washington State Department of Health

COVID.vaccine@doh.wa.gov

360-236-3873 | www.doh.wa.gov

<https://sboh.wa.gov/Meetings/ProvidePublicComments>

DOH COVID 19 Vaccine Engagement

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1 (1) Any decision by the board of health related to the setting or
2 modification of permit, licensing, and application fees may only be
3 determined by the city and county elected officials on the board.

4 (2) A local board of health comprised solely of elected officials
5 may retain this composition if the local health jurisdiction had a
6 public health advisory committee or board with its own bylaws
7 established on January 1, 2021. By January 1, 2022, the public health
8 advisory committee or board must meet the requirements established in
9 section 7 of this act for community health advisory boards. Any
10 future changes to local board of health composition must meet the
11 requirements of subsection (1) of this section.

12 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.46
13 RCW to read as follows:

14 (1) A community health advisory board shall:

15 (a) Provide input to the local board of health in the recruitment
16 and selection of an administrative officer, pursuant to RCW
17 70.05.045, and local health officer, pursuant to RCW 70.05.050;

18 (b) Use a health equity framework to conduct, assess, and
19 identify the community health needs of the jurisdiction, and review
20 and recommend public health policies and priorities for the local
21 health jurisdiction and advisory board to address community health
22 needs;

23 (c) Evaluate the impact of proposed public health policies and
24 programs, and assure identified health needs and concerns are being
25 met;

26 (d) Promote public participation in and identification of local
27 public health needs;

28 (e) Provide community forums and hearings as assigned by the
29 local board of health;

30 (f) Establish community task forces as assigned by the local
31 board of health;

32 (g) Review and make recommendations to the local health
33 jurisdiction and local board of health for an annual budget and fees;
34 and

35 (h) Review and advise on local health jurisdiction progress in
36 achieving performance measures and outcomes to ensure continuous
37 quality improvement and accountability.

38 (2) The advisory board shall consist of nine to 21 members
39 appointed by the local board of health. The local health officer and

1 a member of the local board of health shall serve as ex officio
2 members of the board.

3 (3) The advisory board must be broadly representative of the
4 character of the community. Membership preference shall be given to
5 tribal, racial, ethnic, and other minorities. The advisory board must
6 consist of a balance of members with expertise, career experience,
7 and consumer experience in areas impacting public health and with
8 populations served by the health department. The board's composition
9 shall include:

10 (a) Members with expertise in and experience with:

11 (i) Health care access and quality;

12 (ii) Physical environment, including built and natural
13 environments;

14 (iii) Social and economic sectors, including housing, basic
15 needs, education, and employment;

16 (iv) Business and philanthropy;

17 (v) Communities that experience health inequities;

18 (vi) Government; and

19 (vii) Tribal communities and tribal government.

20 (b) Consumers of public health services;

21 (c) Community members with lived experience in any of the areas
22 listed in (a) of this subsection; and

23 (d) Community stakeholders, including nonprofit organizations,
24 the business community, and those regulated by public health.

25 (4) The local health jurisdiction and local board of health must
26 actively recruit advisory board members in a manner that solicits
27 broad diversity to assure representation from marginalized
28 communities including tribal, racial, ethnic, and other minorities.

29 (5) Advisory board members shall serve for staggered three-year
30 terms. This does not preclude any member from being reappointed.

31 (6) The advisory board shall, at the first meeting of each year,
32 select a chair and vice chair. The chair shall preside over all
33 advisory board meetings and work with the local health jurisdiction
34 administrator, or their designee, to establish board meeting agendas.

35 (7) Staffing for the advisory board shall be provided by the
36 local health jurisdiction.

37 (8) The advisory board shall hold meetings monthly, or as
38 otherwise determined by the advisory board at a place and time to be
39 decided by the advisory board. Special meetings may be held on call

1 of the local board of health or the chairperson of the advisory
2 board.

3 (9) Meetings of the advisory board are subject to the open public
4 meetings act, chapter 42.30 RCW, and meeting minutes must be
5 submitted to the local board of health.

6 NEW SECTION. **Sec. 8.** A new section is added to chapter 43.20
7 RCW to read as follows:

8 (1) The state board of health shall adopt rules establishing the
9 appointment process for the members of local boards of health who are
10 not elected officials. The selection process established by the rules
11 must:

12 (a) Be fair and unbiased; and

13 (b) Ensure, to the extent practicable, that the membership of
14 local boards of health include a balanced representation of elected
15 officials and nonelected people with a diversity of expertise and
16 lived experience.

17 (2) The rules adopted under this section must go into effect no
18 later than one year after the effective date of this section.

19 NEW SECTION. **Sec. 9.** Sections 3 through 6 of this act take
20 effect July 1, 2022.

Passed by the House April 15, 2021.

Passed by the Senate April 11, 2021.

Approved by the Governor May 10, 2021.

Filed in Office of Secretary of State May 10, 2021.

--- END ---

WSBOH: Criteria 5 Rebuttal

Lies, misrepresentations, and misleading data



Dr. Carver

Feb 16

♡ 8 💬 18 ➦

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!

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.*

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.”

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

[Read more](#)

2 months ago · 61 likes · 19 comments · James Lyons-Weiler

This creates selective pressure for viruses to evolve in a way that makes them more transmissible within the vaccinated population.

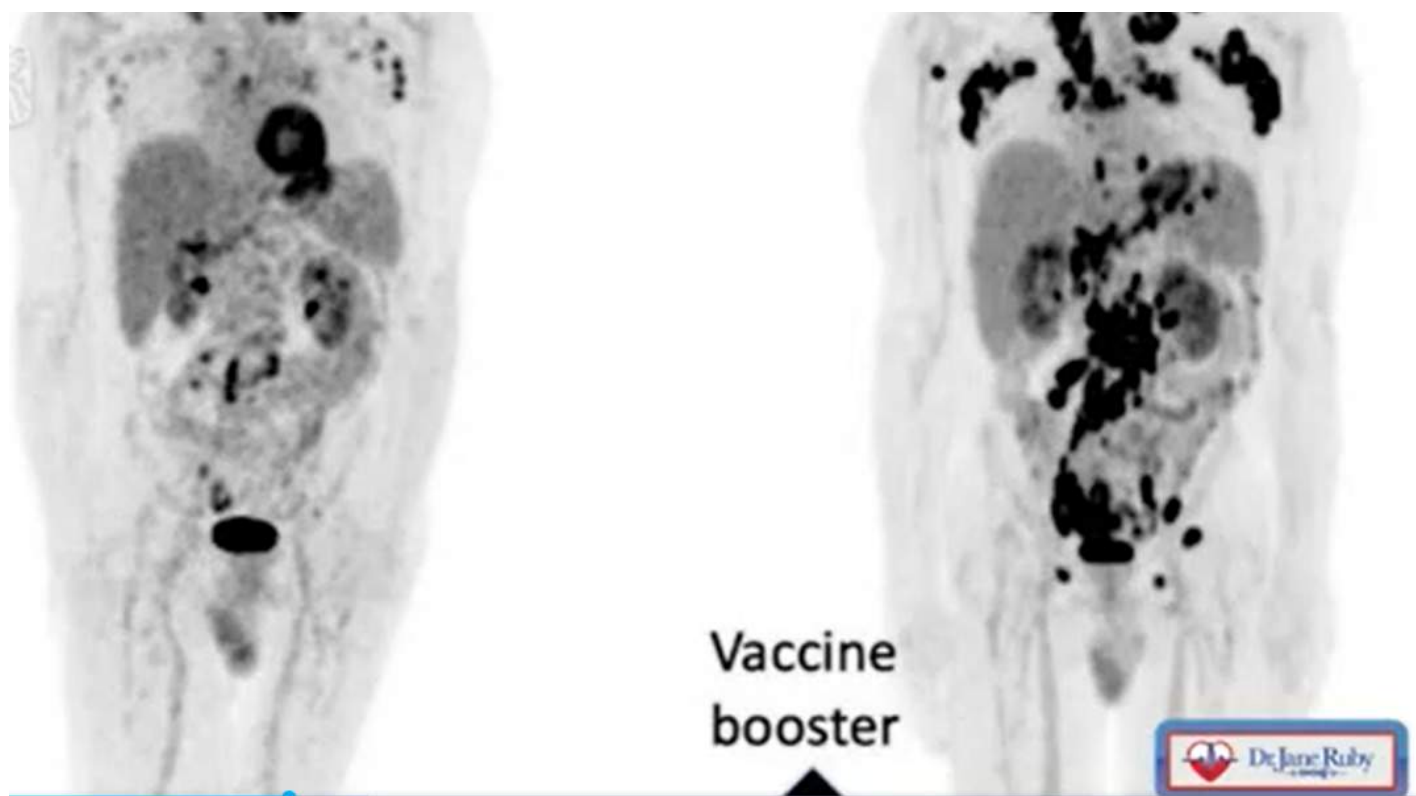
It needs to be acknowledged how the goal post with these experimental products has changed. First, they should have tested if these injections reduce infection rates with an absolute risk reduction calculation. Others have calculated the absolute risk reduction to be less than 1%. Second, when they couldn't 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.

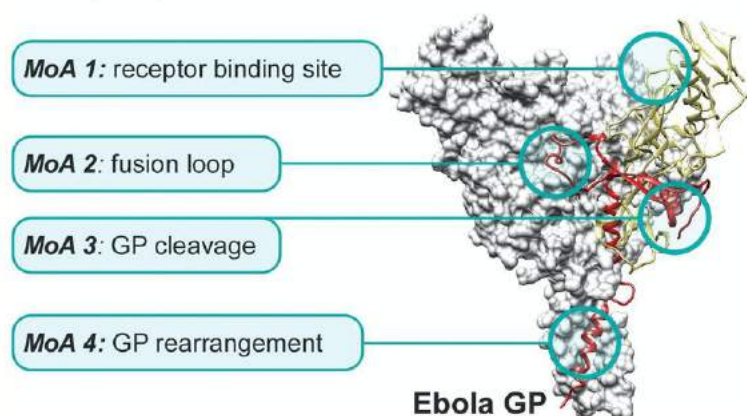




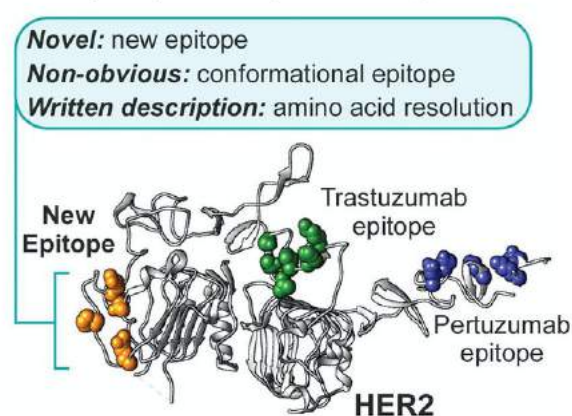
In addition, a natural immune response is polyclonal (1000's of antibodies with different receptors are produced.) This is much different than the targeted immune response to a subsection of the spike protein as in artificial immunity. To put this another way, in a natural immune response, the antibodies 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.)

A Epitopes differentiate mAb MoA



B Epitope maps strengthen IP



There is evidence of secondary vaccine failure, where the levels of antibodies decrease over time requiring an endless stream of booster shots. 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?

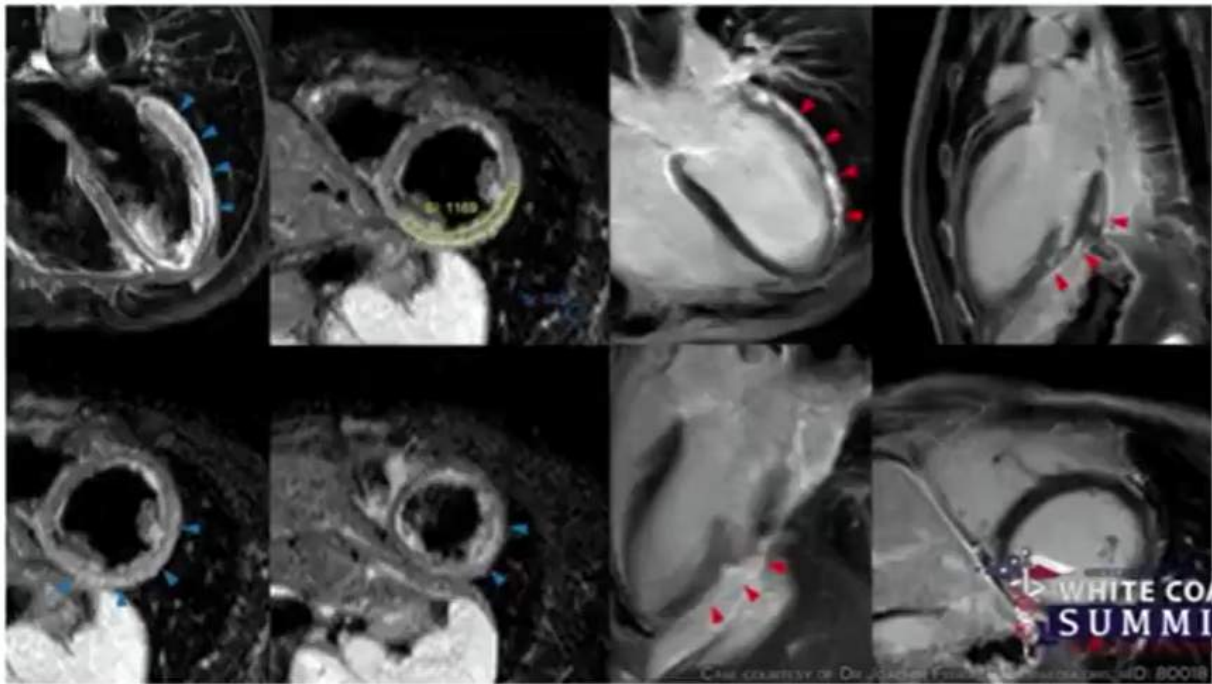
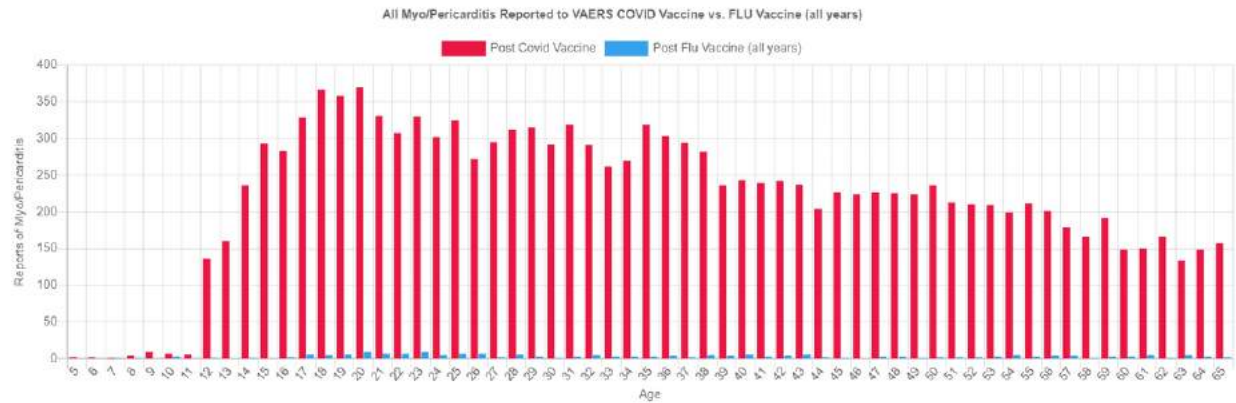
So now that we've established the so-called C-19 vaccines do not contain any antigen that prevents any disease, what about reducing mortality and morbidity? These endpoints have not been properly studied. One reason for this is conflating the terms "with COVID" vs. "from COVID" in relation to hospital 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.

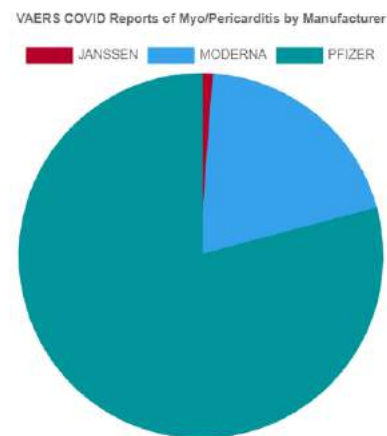
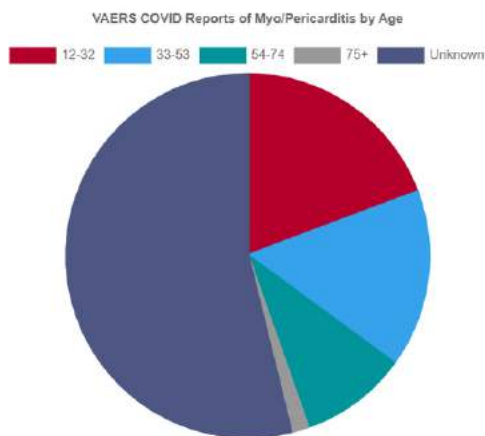
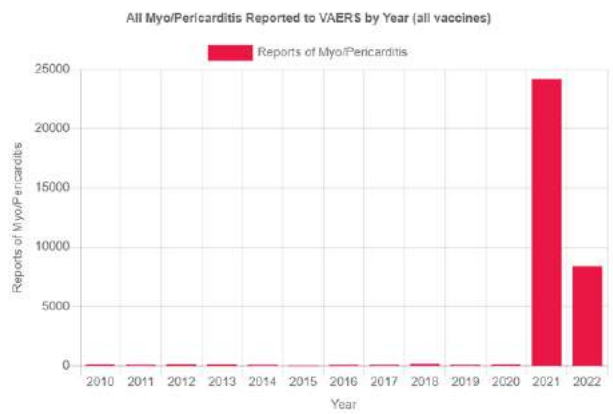
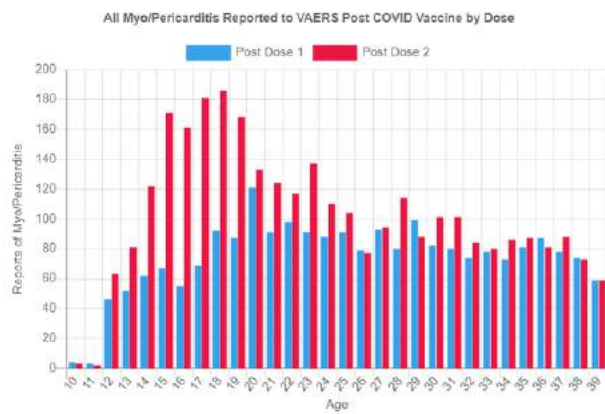
Currently, there are 1,103,891 adverse events reported to the vaccine adverse events reporting system (VAERS) for COVID-19 injections alone. When considering that only a fraction of adverse events is reported (1% according to a Harvard study), the real numbers are certainly much higher. The VAERS reports 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.

VAERS COVID Vaccine Myo/Pericarditis Reports

Through February 4, 2022



Age



Images from [OpenVAERS.com](https://openvaers.com) and [White Coat Summit](https://www.whitecoatsummit.com), 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.



PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

12-15 ADOLESCENT TRIAL ALL RISK, NO BENEFIT

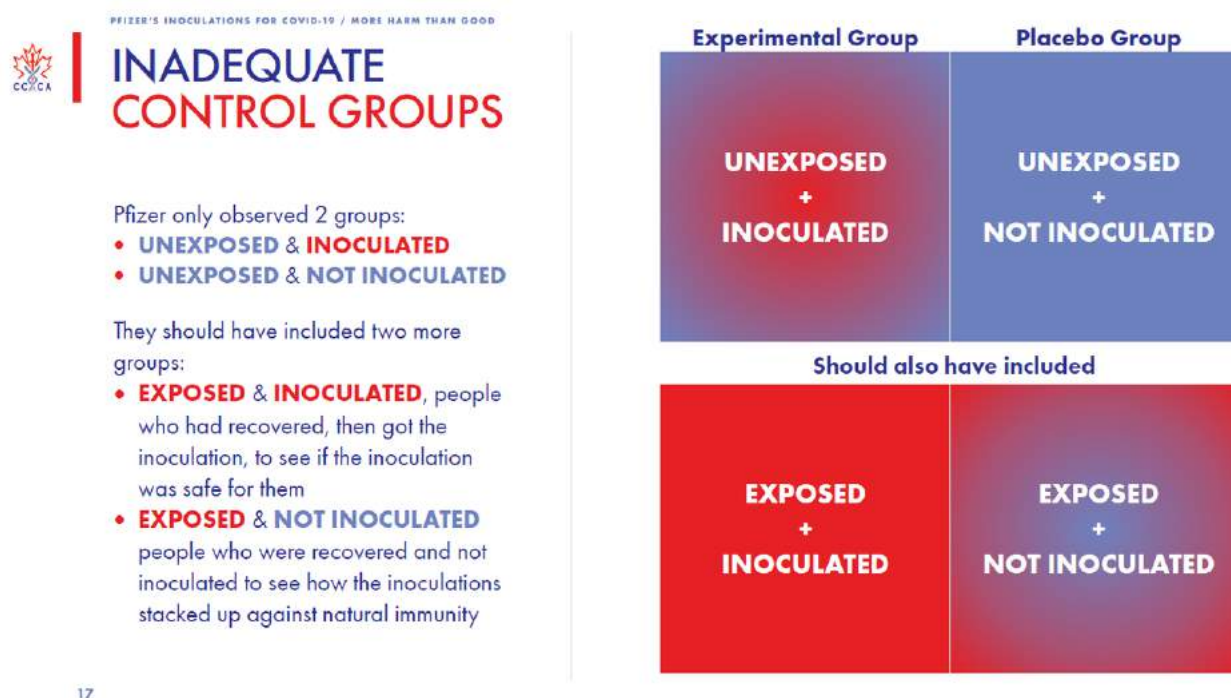
- This study was severely underpowered, as **a study this small will not show up risk.**
 - Inoculated group - **1,005** (0 tested positive for COVID-19)
 - Placebo group - **978** (18 tested positive for COVID-19)
- Pfizer claimed these were great results, but since adolescents are at statistically 0% risk of death from COVID-19, and very low risk of severe illness, **the inoculation is of little benefit to them.** Instead, it presents a very real risk of adverse events.
- But the adolescent Pfizer study wasn't actually designed to find those. **A serious adverse event**, including death, that occurred at a 1/800 rate **might not even show up in a sample of 1,005 people.**
- But in this case, it did. **Among the 1,005 adolescents, there WAS at least one serious adverse event - Maddie de Garay.**



"For children without a serious medical condition, the danger of severe Covid is so low as to be difficult to quantify."
-COVID AND AGE, Oct 12, 2021, New York Times

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 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 reeks of a compromised group of people who nobody elected and do not care about our children, informed consent, medical freedom, or civil rights.

I want to extend a sincere thank you for all of you who provided a comment or testimony to the WSBOH and/or to the FDA about the EUA for children under 5. Because of awesome people like you they are aware of our reservations as parents and people who care about children. I would also

like to thank my friend who is working on a rebuttal to criteria 6 and all of the amazing writers on Substack!

References

1. https://sboh.wa.gov/sites/default/files/2022-01/ImmunizationCriteria_a.pdf

Lara Gabriel RN

WSBOH Criteria #6 Rebuttal

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...

[Read more](#)

13 hours ago · 1 like · 1 comment · Lara Gabriel RN

Popular Rationalism

The Vaccine Lifecycle Leads to Vaccine Failure. But Do Vaccines Inevitably Led to Disease Enhancement?

COVID-19 has compressed the normal life-cycle of a vaccine from decades into a single year. This article provides a review of the factors at play in the inevitable failure of all vaccines that use a fixed antigen source and that are not updated on a routine basis to match the circulating pathogen's antigenic repertoire and asks an important question: D...

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2 months ago · 61 likes · 19 comments · James Lyons-Weiler

2.

Popular Rationalism

Pfizer Moving Goalposts on COVID-19 Vaccination Endpoints for Toddlers Tanked Their EUA Big, But it's Par for the Course. How it Relates to Pfizer Vaccine Immune Suppression. Plan B.

Remember back in the beginning when COVID-19 vaccine “efficacy” was defined as “ability to prevent transmission”? And then it became “ability to reduce death and serious illness”? And then it became “ability to produce neutralizing antibodies”? And then it became “ability to produce antibodies...

[Read more](#)

5 days ago · 79 likes · 54 comments · James Lyons-Weiler

3.



Rounding the Earth Newsletter

Vaccine-Induced Mortality, Part 8

For those who want to look back at what is one of the most important sets of analysis I've worked on during the pandemic. Starting in early August, after spending weeks looking for a clever angle for gauging vaccine-induced mortality, I saw somebody note a spike in case fatality rates after vaccination before in part of the UK, so I looked for those spi...

[Read more](#)

6 days ago · 223 likes · 126 comments · Mathew Crawford

<https://openvaers.com/covid-data>

4.



Unacceptable Jessica

There are 25,754 adverse event reports in VAERS for babies aged 0-2 (this includes all vaccines and the COVID-19 products combined) for 2020/2021.

I just don't know quite what to say about this. Perhaps what I would like to ask is this: who are the pediatricians and mothers of these infants and why are they injecting them with these products? This must be due to passage from breast milk, right? I will have to check this. I know that there are only 27 babies associated with the MedDRA code AE "Expo..."

[Read more](#)

a month ago · 237 likes · 30 comments · Jessica Rose

5. <https://openvaers.com/covid-data/myo-pericarditis>

6.



Unacceptable Jessica

A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Abstract Following the global rollout and administration of the Pfizer Inc./BioNTech BNT162b2 and Moderna mRNA-1273 vaccines on December 17, 2020, in the United States, and of the Janssen Ad26.COV2.S product on April 1st, 2021, in an unprecedented manner, hundreds of thousands of individuals have reported adverse events (AEs) using the Vaccine Adverse Ev...

[Read more](#)

4 months ago · 1,096 likes · 127 comments · Jessica Rose

7.



Steve Kirsch's newsletter

DMED data is explosive. Mainstream media has been ordered to ignore it.

Summary The medical database used by the US military shows a huge uptick in serious events in 2021. Only events caused by the vaccine (as noted by the uptick in VAERS reports for these symptoms) were elevated. The DoD has claimed the increase was because events in earlier years were under reported and they have corrected the error...

[Read more](#)

13 days ago · 766 likes · 539 comments · Steve Kirsch

8.

Who is Robert Malone

Regarding the Defense Medical Epidemiological Database Data Dump

These are dangerous times, and we are in a 21st century global information war. Cannon balls are flying, and there are false flag operations and concern trollery to the left, right and center of us. And yet onward we ride. The light brigade. Just to underscore the point, since the initial...

[Read more](#)

13 days ago · 1,011 likes · 139 comments · Robert W Malone MD, MS

9. <https://health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Health-Surveillance-Division/Data-Management-and-Technical-Support/Defense-Medical-Surveillance-System>

10. <https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/>

11.



Steve Kirsch's newsletter

Unprecedented: Deaths in Indiana for ages 18-64 are up 40%

Start by reading this story, “Indiana life insurance CEO says deaths are up 40% among people ages 18-64.” Read the whole thing now. Here’s the link to the video from the CEO. Note: In the event this story “disappears” from view, I kept a backup. You can’t be too careful nowadays...

[Read more](#)

a month ago · 1,047 likes · 1,183 comments · Steve Kirsch

12. <https://pubmed.ncbi.nlm.nih.gov/34664804/>

<https://www.bitchute.com/video/93bc4eyNPFI5/?list=notifications&randomize=false>

13. <https://report24.news/ab-13-jahren-lange-liste-ploetzlich-verstorbener-oder-schwerkranker-sportler/>

14.

Who is Robert Malone

A Health Public Policy Nightmare

Immune imprinting, breadth of variant recognition and germinal center response in human SARS-CoV-2 infection and vaccination Cell.

Published: January 24, 2022 DOI: <https://doi.org/10.1016/j.cell.2022.01.018>

Highlights (per the journal) Vaccination confers broader IgG binding of variant RBDs than SARS-CoV-2 infection...

[Read more](#)

10 days ago · 1,299 likes · 267 comments · Robert W Malone MD, MS

15. <https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
16. <http://indepthnh.org/wp-content/uploads/2021/10/COVID-Report-from-Rep.-Weyler-3.pdf>
17. thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html
18. [https://denisrancourt.ca/entries.php?id=109&name=2022 02 09 nature of the toxicity of the covid 19 vaccines in the usa](https://denisrancourt.ca/entries.php?id=109&name=2022%2002%2009%20nature%20of%20the%20toxicity%20of%20the%20covid%2019%20vaccines%20in%20the%20usa)
- 19.

Zana's Newsletter

WHO'S MORE AT RISK FROM THE C-19 INJECTIONS?

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...

[Read more](#)

2 months ago · 11 likes · 24 comments · Dr. Carver

20.



Steve Kirsch's newsletter

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

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...

[Read more](#)

2 months ago · 935 likes · 1,115 comments · Steve Kirsch

21. <https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf>

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

23. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2022/02/Scientific-Review-Dispelling-the-Myth-of-a-Pandemic-of-the-Unvaccinated.pdf>

24. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

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By Dr. Carver · Launched 3 months ago

Silenced No More

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The WSBOH is meeting now. Below is how to register and view.

The agenda is now available for the Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC. The TAG will meet on Thursday, Feb. 17 from 9:00 a.m. – 3:00 p.m. via the Zoom Webinar platform.

To may access the meeting in the following ways:

1. Use your computer or laptop (requires registration):

a. https://us02web.zoom.us/webinar/register/WN_eE3TR0j1TYODyV-zEab0Jg

2. Dial-in using your phone:

a. Call in: +1 (253) 215-8782 (not toll-free)

b. Webinar ID: 886 2109 3915

c. Webinar Passcode: 426807

This is an online meeting via the Zoom Webinar platform. TAG members will participate online. The public may observe the meeting. The TAG will not receive public comment. This is a meeting of a technical advisory group convened by the Board and intended to develop recommendations for the full Board. If you have comments you would like to share with the TAG, please email the Board your comments.

Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

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2 replies by Dr. Carver



Margaret Anna Alice Writes Margaret Anna Alice Through the... · Feb 16 ♡ Liked by Dr. Carver

Brilliant job, Zana!!

♡ 5 Reply

1 reply by Dr. Carver

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From: Connie Miyata
Sent: 3/4/2022 8:23:54 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good Morning,

As a concerned senior, retired RN, mother, and grandmother I urge you to not have vaccines for Covid as a requirement for childcare and school entry. It is a well known fact that these vaccines are not safe nor effective.

There are millions of adverse events and deaths from around the world from these so called vaccines. This needs to stop now, please! It can start with you. Please listen to renowned physicians, scientists, vaccinologists

who have given us warnings and data about the dangers of these shots such as Dr Ryan Cole and Dr Robert Malone who have visited Washington states and given testimony to the dangers of giving children these shots.

I have several family members who have gotten these shots and have ended up sick with Covid or at least that's what the PCR test showed. Case in point is my brother's grandson 11 years old who had shots and is now

sick at home quarantining with what sounds a lot like a "flu" to me.

Children are not at risk for serious illness and need to build their immunity. I don't think you want to held responsible for making decisions that are going to hurt or kill a parents child.

Thank you for listening,

Connie Miyata

From: Keri Pinney
Sent: 3/4/2022 10:31:50 AM
To: DOH WSBOH
Cc:
Subject: TAG Recommendation

External Email

Dear Washington State Board of Health,

I understand that your technical advisory group recently voted NOT to recommend COVID-19 vaccines for inclusion on Washington state's list of required immunizations for childcare and school entry (chapter 246-105 WAC). As a concerned parent of two public school aged children and a Washington State resident, I applaud them for this. I am also writing to urge you to ratify this recommendation and vote against inclusion of this vaccine for said purposes.

At this stage, it has become abundantly clear that the COVID-19 vaccines do not prevent infection or transmission of the COVID-19 virus. The vaccines' function is solely a personal therapeutic for those at high risk from serious illness or death from COVID-19. It has also become abundantly clear from all available research that healthy children and young people have a statistically zero percent chance of experiencing serious illness or death from COVID-19. The few hundred school aged children who've died from COVID have all been severely immune compromised and it's unclear how many of them died FROM Covid vs. WITH Covid. Regardless, these deaths are incredibly tragic, but to force all school aged children in Washington State, the vast majority of which are healthy and not immune compromised, to take a personal therapeutic for something that they are not at risk for is unconscionable. Especially when you consider that these vaccines have been studied for less than two years and the safety data show that children and young adults are at higher risk of heart inflammation and other side effects from the vaccines than they are from complications from a Covid-19 infection. In addition, we have no long-term safety data to consider which is beyond frightening when talking about mandates.

Again, I urge you to do the right thing and ratify the recommendation from your technical advisory group which has voted not to approve the inclusion of COVID-19 vaccines on the list of required immunizations for childcare and school attendance. We do not have enough safety data at this point and the data we do have show that vaccines DO pose risk to otherwise healthy children and they are NOT effective in preventing infection or transmission. Where there is risk there must be choice. If parents want to get their children vaccinated against COVID-19, that is their right and their choice, but under no circumstances should those vaccines be mandated for childcare or school attendance. If the WSBH decides to approve inclusion of these vaccines on the mandated schedule, you will see a mass exodus of children from WA state childcare and public (and private if applicable) school systems, as our children's health is the most important thing to parents, and we WILL find other avenues to educate our children if needed.

Sincerely,

Keri Pinney

From: Zana Carver
Sent: 3/1/2022 12:50:10 PM
To:
Cc:
Subject: FW: Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination



attachments\D231F930767F4F80_3CD11E089B454D73A5486BF55C319A9A.png

External Email

Please consider this new information before deciding to override the TAG decision.
Thanks in advance.

Dr. Carver

Sent from Mail

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From: James Lyons-Weiler from Popular Rationalism
<<mailto:popularrationalism@substack.com>>
Sent: Tuesday, March 1, 2022 8:12 AM
To: Zana Carver <<mailto:Zana@zanacarver.com>>
Subject: Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination

<<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjojPDlwMjIwMzAxMTYxMTQ4LjIuYjE1M2E0M>

Pfizer's vaccine in children 5 to 11 elicits antibodies (yawn) but only 11% efficacy one month after kids were "fully vaccinated". After one month, vaxxed kids are MORE likely to have a COVID-19.

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Pfizer Vaccine Flops... Increased COVID-19 in Young Kids Following COVID-19 Vaccination

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The report is light on details of how COVID-19 diagnoses were determined, reporting only that they used "NAAT" or "antigen results" reported to the New York State Electronic Clinical Laboratory Reporting System (ECLRS).

When the data are broken into ages of single years, it's clear that the vaccine is not only a total flop for the younger age groups: if they keep tracking these kids, they will likely have negative efficacy (more likely to have a COVID-19 infection) before two months have passed following being vaccinated.

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In their Figure 2, we see the data past two months does, indeed, show a higher risk of COVID-19 diagnosis via an incidence rate ratio of <1 . Values of the incidence ratio above 1.0 imply positive effectiveness; values <1.0 imply negative efficacy):

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The authors try to confuse the reader with the following nonsense:

"Negative VE values observed in later timepoints likely reflect estimator instability and/or residual confounding, as opposed to true relatively increased risk for those vaccinated."

Baloney. If this is true for the last time point, then it's true for all of the time points. And the trend clearly shows the result in the last time point is not spurious.

The authors try to assure that the vaccine prevents serious illness, in the youngest age group, but since massive questions remain on false positives from PCR tests (they do not report Ct distributions), and the role of comorbid conditions is known, and they study does not adjust for comorbid conditions, the claims of reduced hospitalization rates and lowered incidence of severe disease cannot be accepted.

If the report were peer-reviewed, these issues might have been brought up, and the world would not, once again, be being told nonsense as fact by public health.

The Daily Mail reported on this

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, but has a misleading headline about "efficacy", failing to pick up on the seriousness of the less-than-one incidence rate ratio. Daily Mail also confuses "efficacy" (measured in prospective randomized clinical trials) with "effectiveness" (measured in observational population studies)

Nevertheless, they provided a quote from Dr. Cody Meissner that shows that any attempts to expand this vaccine into the younger age groups won't be easy:

"I think we need to rethink this whole program of vaccinated adolescents and children. What is our objective?" Dr (sic) Cody Meissner, the chief of pediatrics at Tufts Children's Hospital in Boston and a member of the FDA's Vaccines and Related Biological Products Advisory Committee, told DailyMail.com"

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From: Keith Lane
Sent: 3/4/2022 10:56:09 AM
To: 'wsboh@sboh.wa.gov'
Cc:
Subject: STUDY: Fully Vaccinated Carry 251 Times The Normal Viral Load Of COVID-19,
May Be Super Spreaders

External Email

Dear Mr. Pendergrass, Mr Grellner, Mr Shah, and All WA Board of Health deciding members,

Say No to Covid shot mandates for Children. Please Do No Harm. There is More Risk than Benefit for children. Covid shots do not stop transmission and may Increase it. If you mandate Covid shots you Will Harm Children while Protecting Pfizer. Say No!

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

<https://nationalfile.com/study-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfile.com%2Fstudy-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C30361fa4b2bc4efb4ef008d9fe10645f%7C1>>

Thank you,

Keith Lane

Concerned WA parent

From: Levy, Susan (Susie)

Sent: 3/1/2022 9:44:13 AM

To: Christiana Nelson,joholmen@lwsd.org,boardmembers@lwsd.org,DOH WSBOD,DOH Secretary's Office,Duchin, Jeffery, MD (DOHi),Constantine, Dow,King County COVID

Info,McDermott, Joe (DOHi),Zahilay, Girmay,Dembowski, Rod,Kohl-Welles,

Jeanne,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov,bdaniell@uw.edu

King County Leg Authority

2,Sara.Nelson@seattle.gov,susan.honda@cityoffederalway.com,David

Baker,hkoellen@northbendwa.gov,Zahn, Janice

Cc:

Subject: RE: Stop the Mask Mandate

External Email

Thank you for your email.

As you have likely seen, based on our current downward hospitalization and case rates, our review of CDC's guidance, and the state action, King County's local indoor mask order will end concurrently with the state's order—after March 11, 2022. In addition, King County will not be extending a local mask order for schools and childcares beyond the state's order.

We believe that ending the indoor mask order ten days earlier than the state previously announced will not make a significant difference for our local King County disease trends. King County is now classified at a "low COVID-19 community level" on CDC's framework. King County residents have taken strong actions to protect themselves and others, most importantly through vaccination. We will continue to partner with our community to increase the number of people receiving their booster when eligible, which will give us the most protection.

We hope this addresses your concerns. Thank you again for your email.

Susie Levy, MPH (she/her)

Government Affairs Administrator

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov <mailto:slevy@kingcounty.gov>

From: Christiana Nelson <christianannelson@gmail.com>
Sent: Monday, February 28, 2022 9:57 AM
To: joholmen@lwsd.org; boardmembers@lwsd.org; wsboh@sboh.wa.gov; secretary@doh.wa.gov; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Constantine, Dow <Dow.Constantine@kingcounty.gov>; Levy, Susan (Susie) <slevy@kingcounty.gov>; King County COVID Info <coronavirus@kingcounty.gov>; McDermott, Joe <Joe.McDermott@kingcounty.gov>; Zahilay, Girmay <Girmay.Zahilay@kingcounty.gov>; Dembowski, Rod <Rod.Dembowski@kingcounty.gov>; Kohl-Welles, Jeanne <Jeanne.Kohl-Welles@kingcounty.gov>; Tammy.morales@seattle.gov; teresa.Mosqueda@seattle.gov; lisa.herbold@seattle.gov; bdaniell@uw.edu; kcexec@kingcounty.gov; Sara.Nelson@seattle.gov; susan.honda@cityoffederalway.com; dbaker@kenmorewa.gov; hkoellen@northbendwa.gov; Zahn, Janice <jzahn@bellevuewa.gov>
Subject: Stop the Mask Mandate

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Greetings,

School districts do not have to and should not be enforcing the mask mandates because they are useless and harmful to our children.

1. The District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. The District's policy permits cloth masks and thus compliance is purely decorative – the policy does not provide any meaningful protections. Studies are showing the bacteria and fungus that are growing on these masks. The state has also said that masks can be removed March 21.

2. The mask requirement stunts the students' educational development. For all of human history up until Spring 2020, there was universal recognition that facial cues provide a distinct and important aspect of human communication. Part of your mission is to help our children develop strong communication skills and you are stunting that learning by requiring them to hide their faces and those important communicative cues under these useless masks.

3. The mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons. When Covid ends, our children will have to interact with the maskless. By causing our children to become dependent on masks, you are straddling them with anxieties that they will have to overcome to interact in the maskless world. School is supposed to help prepare our children to face the world, not make them afraid to face that world

The time has come to allow parents to make that decision for their own children and stop mandating a flawed one-size-fits-all policy. Especially when that one-size-fits-all policy is harmful; a policy that only serves to make some people to feel better without providing any meaningful benefit to our children. Please follow Kettle Falls' lead and stop enforcement of the mask mandates.

Lastly, if 70,000 fans can be maskless indoors at the Superbowl with the WA State Secretary of Health in attendance, masks must be removed from our children immediately.

Christiana Nelson, parent of a LWSD student

From: Linda Hagan

Sent: 2/28/2022 11:56:31 PM

To: DOH WSBOH

Cc:

Subject: Henry Ford Hospital Studies in Detroit and Many Other Places Proved Early Treatment with Hydroxychloroquine and Zinc Sulphate Prevents Death in over 99.9% of Patients

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F324>

From: Sandy Arend
Sent: 3/3/2022 3:38:05 PM
To: DOH WSBOH
Cc:
Subject: Opposed to covid vaccine requirement

External Email

To whom it may concern,

My name is Sandy Johnson, mother to 2 young elementary aged children. I am emailing you to respectfully urge you to ratify TAG's recent recommendation AGAINST MANDATING THE COVID 19 SHOTS for school. As we know, these shots are still under EUA, and children are are extremely minimal risks of doing poorly should they become infected with covid 19. Please leave the decision to the parents to decide which medical options are best for their children.

Thank you for your time,

Sandy Johnson

From: Rachel Cole Harter
Sent: 3/2/2022 6:45:24 PM
To: DOH WSBOH
Cc:
Subject: Vote, No on COVID 19 for WA state students....

External Email

Hello,

It is my understanding that the appointed Technical Advisory Group has voted NOT to recommend the COVID-19 for K-12 students in WA state. Please, follow their hard work, dedication and complete review by also voting to NOT require this vaccine in our school age children. To vote against the TAG team's hard work and expertise would be of bad FAITH and would simply make our children's bodies a war field of politics.

Thank you,
Rachel Harter
Peninsula School District -Parent

From: Testify Online Survey
Sent: 3/4/2022 11:54:23 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid Vaccine for School

3.

Your Name:

Chelsey Richardson

4.

Do you have a professional title?

1. Yes

ARNP

5.

Are you representing an organization?

2. No

6.

Address:

12017 269th Way NE Duvall WA 98019

7.

Email:

chelseyrichardson@gmail.com

8.

Phone Number (Include Area Code):

424-559-0224

9.

Do you have any special expertise relevant to this topic?

1. Yes

Treating covid patients through pandemic.

10.

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

1. Yes

BOH position to add Covid 19 to list of required school vaccines.

11.

Are you Pro or Con on the proposal?

2. Con

Please ratify TAG recommendation to not add covid 19 vaccine to list of required vaccines for school attendance.

From: Angel Miller
Sent: 3/3/2022 12:28:19 PM
To: DOH WSBOH
Cc:
Subject: Please so not Mandate the COVID vaccine for kids!

External Email

It is clear there is a level of risk for kids and there is no way, long term risks can be known for years to come. To mandate this new and experimental vaccine for kids is not right. People should have the right to send their kids to public school (since they pay for them with their tax dollars) and not be forced to inject something that has no long term data to support its long term safety. This is a huge deal for so many families and puts a high level of distrust in our leaders and government as a whole, if this continues to be pushed and mandated. Parents and adults should have the freedom to choose what goes into their body. That is a basic freedom that should be upheld.

Thank you, and we are trusting that the BOH will recognize and adhere to the TAG recommendation and NOT require the COVID vaccine for kids.

Angel Miller

From: Heidi Hartnell
Sent: 3/3/2022 4:59:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for BOH meeting

External Email

I am writing to share my input regarding the Board of Health's potential inclusion of the covid-19 vaccine on the childhood immunization schedule.

As you are aware, the technical advisory group has advised against including this vaccine in the childhood requirements. I understand that you are not required to follow their input and advice. However, as public health officials, you claim to follow the science that impact policy making in these times. I listened to several hours of the meetings with the TAG and heard them present many articles and studies showing that there is still so much unknown about this vaccine, and specifically in children. Even within the last three days a new study has been published that shows that effectiveness of the Covid vaccine wanes to just 12% in a matter of months in ages 5-11. Requiring a medical procedure of every child to attend school in the state with just 12% efficacy within 5 months makes no sense. Conversely, there is much to be said about natural immunity and the fact that very few children have been hospitalized in the state and even fewer have died as a result of illness.

I understand that many parents may feel more secure if they vaccinate their children, as while that is not my personal opinion, I can respect that other parents do make different choices that I do. It has been clear for many months that this vaccine prevents severe illness and hospitalization. Requiring every child in school to take this shot will not end COVID, nor will it protect others, as both the vaccinated and the unvaccinated can both contract covid personally and transmit it to others. This should not be a Board of Health decision, it should be a parents' choice to make for their own child.

Follow the science and don't require this for school age children.

-Heidi Hartnell

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: Chyna Gates
Sent: 3/4/2022 11:54:16 AM
To: DOH WSBOH
Cc:
Subject: K-12 covid vaccination

External Email

To whom it may concern,

I write this in hopes that you would forgo requiring covid vaccinations for school attendance.

As a parent I feel this is a parental choice. Covid has already affected our children and their public education for the last 2 years. I have a child in school who has yet to experience school in a normal way. Requiring this vaccination that I do not have confidence in will make it extremely difficult. Please consider those of us who are just trying to protect our children's health in the best way that we know how just as you consider those who choose to get this vaccination.

Thank you for your time and consideration.
Chyna Gates

From: Rob Hale
Sent: 3/3/2022 1:24:04 PM
To: DOH WSBOH
Cc:
Subject: Requiring covid shots for school children

External Email

In view of the Advisory Group recommendation to NOT require covid inoculation for school children, I respectfully recommend that you follow their advice.
It is apparent that the shots do NOT prevent transmission of the virus since the claim is only that they Might reduce symptoms for Some people. Thus, requiring shots can NOT be known to assist in the apparent purpose, to reduce spread.
Please do not require children to take shots that are not proven to help them and could possibly harm them for life.
Thank you,
Robert Hale
Longview.

Sent via the Samsung Galaxy S® 6, an AT&T 4G LTE smartphone

From: Testify Online Survey
Sent: 3/1/2022 4:48:11 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 Vaccination for Students

3.

Your Name:

Clifford Knopik

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

Independent Researcher

6.

Address:

PO BOX 7853

7.

Email:

cliffordknopik@gmail.com

8.

Phone Number (Include Area Code):

3607612866

9.

Do you have any special expertise relevant to this topic?

1. Yes

I work with Dat Analytics for a living. Doctorate in Computer Science Masters in Homeland Security Masters in Information Systems Masters in Information Assurance Bachelors in Social Science Associate in Emergency Management Associate in Computer Programming 5 years Washington State Guard with training in Emergency Preparedness

10.

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

1. Yes

Consideration of requiring Covid-19 vaccination for students

11.

Are you Pro or Con on the proposal?

2. Con

The vaccines do not work and carry risks for children.

From: Megan Menard
Sent: 3/3/2022 10:34:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am a mom and Registered Nurse in Spokane. I am a proponent of vaccines in general. The vaccines I give my children are over 50 percent effective and are to prevent infection from viruses that are proven to kill and permanently disable a large percentage of infected children. My 3 children survived Covid-19 and their symptom was a runny nose for two days. If you truly follow the science, you can agree that coronavirus mutates quickly, has animal reservoirs (12 have been identified), and the current vaccine technology is not sterilizing and not as effective or relevant in children (12% effective in ages 5-12). This makes this vaccine for this virus type profoundly different from polio, tetanus, pertussis, hib, measles, mumps, rubella, varicella, ect. This vaccine cannot eradicate

Covid-19. It does not prevent infection or spread. Sorry. Let the light of inconvenient truth shine upon us all. Requiring this vaccine is immature, ignorant, and morally bereft. Our job is to protect our children and the burden of proof that this vaccine does that is simply not there.

Love,
Concerned in Colbert

From: Sarah Garriott
Sent: 3/4/2022 11:28:29 AM
To: DOH WSBOH
Cc:
Subject: SGarriott letter to BOH March 2022



attachments\C4B3D1EECB6943BD_SGarriott letter to BOH March 2022.pdf

External Email

Please find my letter to the Board of Health for their review prior to the March 9th deadline attached.

Thank you,
Sarah Garriott

March 4, 2022

WA STATE BOARD OF HEALTH (BOH)

P.O. Box 47990

Olympia, WA 98504-7990

Dear Chair and Members of the Committee :

I am a 4th generation Washingtonian raising a 5th, and I am writing today, because I am very concerned about the future of my children and our beautiful State.

The last two years have been traumatic for many. I lost an Aunt and an Uncle-in-law to Covid. However, I, having battled Delta myself, am quite convinced they would have survived if they had been given the early treatments & protocols I and my family had access to. Our children also had Covid and, like ALL healthy children we know, their cases were light and quick.

However, I personally know of two teens who now suffer from heart damage from taking the Covid, Pfizer Vaccine, which you are considering adding to our Children's vaccination schedule.

According to the CDC, as of this week, they estimate nearly 60% of all children 17 and younger have now had covid and recovered (as 99.99% of children in that age group do.)

(<https://covid.cdc.gov/covid-data-tracker/#national-tab>)
(<https://www.star-telegram.com/news/coronavirus/article258988768.14>)

Furthermore, there are at least 150 studies indicating that natural immunity is long-lasting and superlative to the vaccine.

(https://palexander.substack.com/p/brownstone-150-research-studies-affirm?utm_source=url)

I listened with Sincerity & interest to all three of the TAG meetings. My interest is to protect my children and make the best informed choice I possibly can for them.

Therefore, I found it, frankly, shocking to hear the words: "not yet clear," "we just don't know," "no long-term studies or data," "we don't have great data" with regard to the safety or efficacy of these vaccines and yet the TAG voted "YES" on those criteria to recommend to the BOH.

When questioned regarding the young, Pre-K children, for which there is no EUA as yet and for whom we have exactly ZERO long-term or even short-term studies, Dr. Gett responded: "Remember, any decision we make will be decided on uncertainty." - Shocking to anyone listening!

He was more than correct, however, as we now know, according to a New York Times report, that the CDC has been withholding critical data from our Boards of Health, because they feared the data might create vaccine hesitancy.

(<https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html>)

Based on that information alone, it is clear that not only do you not have any data to consider for ages 0-4, you are also missing critical data from the CDC that should inform your decision around requiring these vaccines for our precious youth.

Any ethical scientist or physician - based on that alone - must vote "NO" on requiring this experimental vaccine for our school-aged children.

It was positively stunning to hear Dr. Dunn from Kaiser Permanente state: "People get too hung up on safety questions, and what is being asked is if this is an acceptable level of risk, not an absence of risk. Life is a big trip to Vegas."

What have the last two years of our forced-masked lives been if not a massive "risk" mitigation strategy?!

Teen suicides are up, self-harm in teen girls is way up, careers were destroyed over forced vaccination, businesses were destroyed + closed. Our children's education and lives were catastrophically upended + now - when our children's health is actually on the line - we aren't supposed to "get too hung up on safety?!!"

Pfizer just released their known adverse events only through Feb. 2021. Out of only a little over 42,000 vaccines given to that point, they knew of at least a bit over 1,000 deaths from their product that you are now considering forcing on our children.

(<https://phmppt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>)

I, therefore, urge you in the strongest possible of terms, to uphold the TAG's final decision and vote NO on requiring the covid vaccine being added to the vaccine schedule.

Thank you, for your dedicated service to our community and for standing up to protect our children.

Sincerely,

Sarah L. Garriott
Sarah L. Garriott

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number ($\geq 2\%$) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

From: Mary Walgamott

Sent: 3/4/2022 11:16:01 AM

To: DOH WSBOH,DOH Secretary's Office,Duchin, Jeffery, MD

(DOHi),Dow.Constantine@kingcounty.gov,slevy@kingcounty.gov,coronavirus@kingcounty.gov,McDermott, Joe

(DOHi),Girmay.Zahilay@kingcounty.gov,rod.dembowski@kingcounty.gov,jeanne.kohl-

welles@kingcounty.gov,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov

Baker,hkoellen@northbendwa.gov,jzahn@bellevuewa.gov,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,TaoSheng.KwanGett@doh.wa.gov,Todorovich, Jessica L (DOH),Bayne, David M

(DOH),Becker, Leslie (DOH),Perez, Elizabeth (DOH),Peterson, Kristin I (DOH),Weed,

Nathan (DOH),Wilcox,

JT,newsdesk@973kiro.com,kddodrig@seattleradio.com,benjamin.wilfond@seattlechildrens.org,FBell@wcaap

Cc:

Subject: No to Mandates

External Email

On the issue of the vaccine mandate for children, I urge you not to make this happen. If the vaccine becomes a mandate, I will be pulling my children from public school. Children are at a very low risk of negative effects from COVID. The vaccine itself is not without harm. Many countries do not mandate this for children as a result. "According to a Jama-published study, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of benefits of COVID-19 vaccinations" Source

Jamanetwork.com/journals/jma/fullarticle/2788346.

Also, it was just reported on February 28th that the efficacy for the Pfizer vaccine is only 12% for children 5-11. With such low efficacy and an increased risk of adverse reactions, why is the mandate for the COVID vaccine even up for a vote? As well as the virus continues to mutate making it a further inadequate shot to guess future variations will have any effect at all. Stop pushing your fear and rhetoric onto our children who aren't dying from this virus. They are dying instead of isolation and suicides but no you wont talk about that will you? Your continual need for control over the people is destroying our youth!!! Enough

We are moving into the endemic phase of the COVID19 virus. It is time to let each individual and family make decisions regarding masks and vaccinations. The Government needs to return their control to the people. We have the correct tools, and we know the risks and we do not need the Government making medical choices for ourselves and our families! We are done!

Mary Walgamott

From: Parkvala Shaklee
Sent: 3/3/2022 10:02:08 PM
To: DOH WSBOH
Cc:
Subject: No Required Covid 19 Vaccines for Children

External Email

Hello BOH!

Please consider the TAGs vote against requiring Covid 19 vaccines for our children! Children do NOT have a high risk for contracting or dying from covid. Since the pandemic began, less than 1000 children under the age of 18 have died from Covid. Children are more adversely affected by the vaccines and we do not need to mandate the vaccine for most children who are healthy. Leave it up to the parents to decide and instead encourage children to eat healthy and move so they are not overweight!

Thank you for the consideration and have a great day!

Susie Latvala
Port Angeles, WA
Have a fabulous day!

From: happydog023@centurylink.net
Sent: 3/4/2022 11:18:07 AM
To: DOH WSBOH
Cc:
Subject: adding Covid 19 shots to schedule

External Email

Respectfully,

We appreciate your consideration for the well being of our children by NOT adding the Covid biologic to the schedule. Tom Pendergrass and Tao Kwan-Gett urging people to be vaccinated against Covid 19 for "FREEDOM," is very troubling. His definition of how we maintain our freedom is an exercise in cognitive dissonance. Our individual freedoms are not granted by the school board or government approved agencies, but from God in heaven.

God has given us perfectly functioning immune systems UNTIL they are dysregulated by vaccines, toxic substances, and environmental pollutants. Vaccines such as polio, MMR, and the flu shots have been contaminated with animal viruses, biologically manipulated foreign substances, aluminum, mercury, polysorbate 80, and aborted fetal tissues. Each injection impairs your immune system. Toxic metals bypass the blood brain barrier and gather in the brain, causes neurological damage such as autism and Alzheimers. Do you believe the Alzheimers epidemic just came out of the blue? Why has autism gone from 1 in 10,000 to 1 in 36 currently? If this rate continues, as one Congressman stated, there will not be enough bricks in the world to build the facilities to care for them. And you listen to a model of "cost analysis" and actually think it is a realistic representation of the true state of affairs occurring in our society? What do they plan to do with these children who will never be able to care for themselves or function independently?

Read Judy Mikovits' research, which has been continually censored by the pharmaceutical industry. She knows of what she speaks.

If any of you have children, or grandchildren, you should be very concerned about this push for an EUA Covid biologic. It does not qualify or act as a vaccine. It does not prevent the transmission, infection, or death from Covid. It has created more adverse effects and deaths than all other vaccines combined over the last 15 years. Each Covid biologic shot impairs your immune systems' toll receptors that are your defense against viruses and cancers. Fact, not fiction. It has already caused heart attacks, and myocarditis in children as young as 10. Damage to the heart is not reversible. For a disease that has a 99.99% survival rate in children, why would you possibly want to inject them with this, or require it in order for them to obtain a basic human right, such as education?

The long term effects of this biologic are unknown. Are you willing to take a chance on doing great immeasurable harm to our future generations?

Scientists are not infallible, they are not incorruptible, and certainly are not held accountable for irreparable harm done that destroys lives. Who takes care of these children who are harmed and disabled, perhaps for life? Who grieves for these children that die as a result of their experiments? Who gives you the right to play God with our children's and our lives? Fear has overcome common sense.

Carve it in stone that there will be no more vaccines or biologics added to the recommended schedule for our children. Pray about it, please.

Thank you for your time.

Greg & Donna Moore

From: Jill Waldenberg
Sent: 3/4/2022 10:37:58 AM
To: DOH WSBOH
Cc:
Subject: Vote NO on Covid Vax



attachments\51B2F81C39DA4848_IMG_4493.jpg

External Email

Sent from my iPhone

From: Rachel Stutzman
Sent: 3/2/2022 9:43:32 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Dear Washington Board of Health Members,

I am writing this email to you as the parent of three children currently enrolled in Washington's schools. I am writing to voice my opposition to mandating the COVID vaccine for school entry. Obviously this is a highly debated topic and emotions are running high on both sides of the argument. I will present just one, unemotional, factual argument against mandating the vaccine. The argument is this: the COVID vaccine does NOT prevent INFECTION. And if that fact is true, then the vaccine will NOT prevent TRANSMISSION. Continued TRANSMISSION will sustain positive COVID tests. And thus the COVID pandemic will continue. So please explain to me, how are school vaccine mandates going to help "end the pandemic"?

Following are cited quotes from the CDC and NIH supporting the argument that the COVID vaccine does not prevent infection in children: (*italics and highlighting added*)

"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"

From the GRADE evidence assessment, the level of certainty for the benefits of Pfizer-BioNTech COVID-19 vaccination among adolescents aged 12–15 years was type 1 (high certainty) for the prevention of symptomatic COVID-19. 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 nonspike protein, or prevention of asymptomatic SARS-CoV-2 infection.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm?s_cid=mm7020e1_w
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/70/wr/mm7020e1.htm?s_cid=mm7020e1_w>

CDC: Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity

Updated Oct. 29, 2021

Multiple correlate-of-protection studies have demonstrated that higher antibody titers are associated with decreased risk of subsequent symptomatic SARS-CoV-2 infection. Data from both the phase 3 AZD1222 and mRNA-1273 vaccine efficacy trials demonstrated that quantitative titers of anti-S IgG, anti-RBD IgG, and pseudovirus and SARS-CoV-2 neutralizing antibody tests all correlate with protection against symptomatic infection (though not asymptomatic infection), with neutralizing antibodies having the strongest

correlation in both of these studies [43, 44].

(unvaccinated)

Five studies used RT-PCR positivity to define initial infection. In these studies, primary RT-PCR-confirmed SARS-CoV-2 infection decreased risk of subsequent infection by 80–93% for at least 6–9 months [54–58]. Studies specifically assessing persons seropositive with anti-N and anti-S antibodies following infection [16, 45] found slightly higher protective effects (89–93%). Most studies had a mean or median follow-up period of approximately 7 months; the longest reported follow-up was 12 months post-infection [58]. Three studies included sub-analysis to assess if the protection waned over time; none of these found a decline in protection within the follow-up period [54, 55, 57].

In one of the prospective cohort studies, over 25,000 healthcare workers were tested using RT-PCR testing every 2 weeks, allowing a more comprehensive ascertainment of reinfections. This study found that a history of previous RT-PCR-confirmed infection provided 93% protection against a subsequent symptomatic infection, 52% protection against asymptomatic infection, and 84% protection against overall infection with SARS-CoV-2 [54].

Both Pfizer-BioNTech and Moderna released data from their phase 3 trials reporting overall high efficacy of mRNA vaccines against laboratory confirmed SARS-CoV-2 infection 5–6 months following vaccination. Pfizer-BioNTech reported an overall vaccine efficacy of 91% against infection and 97% against severe disease 6 months after vaccination with BNT162b2, though also reported a gradual decline in efficacy against infection from 96% at 7 days–2 months to 84% at 4–6 months [62]. Moderna reported 93% efficacy at a median of 5 months after vaccination with mRNA-1273, without further details on the rate of decline in efficacy over time [63].

As highlighted in the COVID-19 Vaccine and Vaccination Science Brief, recent studies from the United States, United Kingdom, and Qatar have reported vaccine effectiveness of 54–85% against SARS-CoV-2 infection compared with 90–100% against hospitalization/severe disease during periods of widespread circulation of Delta [65, 76–78]

A systematic review and meta-analysis including data from three vaccine efficacy trials and four observational studies from the US, Israel, and the United Kingdom, found no significant difference in the overall level of protection provided by infection as compared with protection provided by vaccination; this included studies from both prior to and during the period in which Delta was the predominant variant [79]. In this review, the randomized controlled trials appeared to show higher protection from mRNA vaccines whereas the observational studies appeared to show protection to be higher following infection.

Based on results that included over 26,000 RT-PCR positive tests, they found full vaccination to provide the greatest protection during the Alpha predominant period (79% vs. 65% reduction in risk), but equivalent protection from full vaccination and infection during the Delta predominant period (67% vs. 71% reduction in risk).

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fvaccine-induced-immunity.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C04a47645df134d212f5b08d9fcd8b61e%7C>

NIH: COVID-19 vaccines induce immune response to Omicron

February 15, 2022

Other groups around the world are reporting similar results. Together, the findings show that T cells induced by vaccines continue to recognize Omicron. Despite reduced antibody responses against the variants, T cells serve as a second line of defense. This may help to explain why Omicron infections, while easily spread, are less likely to lead to severe disease in fully vaccinated people.

"These T cells won't stop you from getting infected, but in many cases, they are likely to keep you from getting very ill," Grifoni says.

<https://www.nih.gov/news-events/nih-research-matters/covid-19-vaccines-induce-immune-response-omicron>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nih.gov%2Fnews-events%2Fnih-research-matters%2Fcovid-19-vaccines-induce-immune-response-omicron&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C04a47645df134d212f5b08d9fcd8b61e%7C11d0e>

In summary,

1) The COVID vaccine, when administered to ages 12-15, was never tested for its ability to PREVENT infection.

2) Data from adults has shown equal protection from INFECTION between vaccinated and previously infected individuals (Delta variant).

3) No level of vaccination has demonstrated protection from INFECTION with the Omicron variant.

4) Thus, vaccinated, unvaccinated, and previously infected students all carry the same risk of INFECTION and therefore transmission to others. It actually seems that the vaccinated student would present the greatest threat as they are able to be ASYMPTOMATICALLY infected and spread the virus to others undetected.

Sincerely,

Rachel Stutzman

700 N. Lilac Ln

Newport, WA 99156

574.360.0451

From: Mabí Gutarra
Sent: 3/4/2022 9:44:30 AM
To: DOH WSBOH
Cc:
Subject: COVID vaccine mandate for school age students

External Email

Dear State Board of Health,

My name is Mabí Gutarra Fernandes, I am a parent, a teacher and a resident of Bainbridge Island.

I appreciate the opportunity to express my position Against the COVID vaccine mandate for school age students due to the following reasoning:

1. According to the report of the Washington State Health Department: As in February 7, 80.2% ages 5 and up have received at least 1 dose and 72.5% are fully vaccinated. Not mentioning the number of people who had acquired natural immunization. Therefore the risk in the whole population has been reduced dramatically, since the beginning of the Pandemic. So far, there are enough resources (vaccination, masks, treatments and information in general) for those with medical conditions or vulnerable populations to keep themselves as safe as they choose to be.

2. The World Health Organization has stated that the pandemic will end when we "reach the global target of vaccinating 70% of people in all countries ..." Which means that our community has widely achieved those standards and therefore do their part. Moreover, we do not even need to be in an emergency situation to begin with.

3. Children are at low risk according to the CDC data. The deaths of the population in school age 5 - 18 years are: 644 since the beginning of the pandemic (2020-2022) in the whole country. This number includes children with pre-existing medical conditions or comorbidities which leaves a narrower number of healthy children in real danger. The current population of children in school age is more than 41 millions of children in our country. Clearly the numbers talk by themselves, the risk is going lower and lower.

4. The vaccination in children has just begun and time is needed to see the existence or not of side effects. There are people who are currently vaccinating their children willingly. This is a state who mostly believes in science and free choice. The imposition creates more distrust than trust on science and on our own community. Plus, you need to give more time to actually say that it is totally safe for children.

5. A scientific opportunity is in front of us. Having a population unvaccinated who freely chose that option could even provide a valuable opportunity for the scientific community to assess and compare with those who chose vaccination. I advocate for unbiased information, not a persuasive propaganda, so parents can freely decide the best way they want to take care of their children.

6. Both the virus and the vaccine are new in the real population. Both have symptoms and side effects. There is always going to be a risk factor. Then why do you want to impose on us which risk to take? It should be totally optional to be part of the experience, pushing it puts a big question mark on the freedoms that this country stands

for and that are expressed in the Constitution itself.

7. The State should promote a real inclusion and diversity of thinking. A community where it is ok to have different opinions and disagree in peace. Where there is room for everyone to finish this political battle which has gotten immerse since the beginning. This mandate will bring more resentment because you are talking about our children and telling parents that we don't have the right to decide for them.

7. Creating more division. All the COVID mandates so far have caused more division in our society, distrust among each other and the sense of community has fallen in a one-sided picture. This last mandate will cause more harm in the long run than good.

8. Let me share my personal experience.

I got vaccinated in March and April 2021, right after my first shot I developed all the symptoms for COVID and serious pain on my left arm (where the shot was given). The symptoms went away but the pain did not. I mentioned that to the person who was going to apply the second dose, who told me that it was ok, that it was normal. So, I did the second one. The strong pain remained for about 6 months and even later it was very mild, never gone. So I decided not to get the booster. A month later we contracted COVID, I got mild symptoms for 2 - 3 days and then I was fine. My daughter got a fever for 1 night and then she was fine. So, she has natural immunization and I have a natural booster, same for my husband. If she got natural immunity, why do you want to impose a vaccine that is in ongoing research? I guess this case can apply to many families.

Please, reconsider this mandate. It is time to reflect about what we are/aren't doing in health for this disease and for all of them in order to prevent serious illness. My daughter has all her vaccines up to date, but for this one we will definitely wait. If you make it mandatory, we will see ourselves forced to either homeschool or move out of the State.

Sincerely,

Mabí Fernandes

"The ultimate measure of a man is not where he stands in moments of comfort and convenience but where he stands in times of challenge and controversy." Martin Luther King Jr.

From: nepadur@gmail.com
Sent: 2/26/2022 6:06:15 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Please do not mandate covid shots for kids to attend public school. These shots are not true vaccines nor do they do the work of vaccines. The latest variant is deminishing now. There is information on the shots that is available VAERS about the adverse effects on children. The CDC is not releasing data on the harm these shots have done.

Do the right thing and vote NO on a mandate for Covid shots for kids to attend schools. Let the parents decide if they want their kids to have the shots.

Thank you,

Neal Padur
6202 26th St. N.E.
Tacoma, WA 98422
Ph. 253-927-1168

Sent from my Galaxy

From: Testify Online Survey
Sent: 3/4/2022 10:14:17 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

3.

Your Name:

4.

Do you have a professional title?

2.

No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

From: Bobbie
Sent: 3/3/2022 1:49:24 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for children and adults

External Email

Dear Washington Board of Health,

I would like to urge you to abandon any forced or coerced vaccination mandates, especially for children.

I have been following Covid closely and it is quite apparent that children get more harm than good from the ineffective and unnecessary vaccines. The vaccines do not prevent contagion nor transmission, yet carry significant risks of myocarditis, endothelial inflammation, and unknown long-term effects. Nor are children particularly vulnerable to Covid, especially the current mild Omicron strain.

Adults also have the ability and right to decide whether or not they should be vaccinated, and there is no valid reason to coerce them through employment and other methods, to be vaccinated.

Lastly, it is no secret that hydroxychloroquine plus zinc and/or Ivermectin plus zinc, are far more efficacious against Covid than any vaccinations have ever been. Stop with the suppression of these invaluable therapeutics and mandates for vaccines.

Thank you for your consideration,

Bobbie Piety, Sequim, WA

From: Lauren Welch
Sent: 3/3/2022 1:57:10 PM
To: DOH WSBOH
Cc:
Subject: Covid shots at schools

External Email

To the Washington State Board of Health,

Please ratify the TAG's recommendation against covid shots and medical mandates.
Let people have freedom of choice.

Sincerely,

Lauren Welch

From: Jon Garriott
Sent: 3/3/2022 7:32:33 AM
To: DOH WSBOH
Cc:
Subject: Do not require vaccination for school children.

External Email

Dear Washington State Board of education,

My name is Jon Garriott. I've been a resident Washington State since 2000. I'm raising my three children in Washington State my family and I really love washington. It's a beautiful place. The citizens here are wonderful and lovely. However, the politics of force and coercion are becoming overly heavy-handed.

The recent technical advisory group to the Washington State Board of education regarding implementation of mandatory vaccination for all school-age children are recommending to not require mandatory vaccination. I stridently urge you to uphold the technical advisory groups decision. From the beginning of 2019 my family chose to homeschool our children. We've done this for multiple reasons. One big reason is the statistically significant decline in quality of education in this state. This is been a result of policy implemented through the pandemic that has been to the disadvantage of our school children.

A second reason for our choice to homeschool our children is to provide them a place that is safe from medical experimentation. If you're honest with yourself you will recognize that there is an increasing body of worldwide unmanipulated evidence speaking to the issue of undesirable side effects resulting from taking the covid shot. Myocarditis, and paramyocarditis, and blood clotting are too known and established results of taking the covid shot. You can no longer claim with integrity that the covid shots are safe and effective. By definition the word safe means fully and totally and completely safe. Not mostly safe or partly safe. There is no true informed consent with the covid shots. Our own CDC purposefully withheld information from the American public. When you withhold information you cannot make a decision with full information.

Please stop gambling the future of our country by risking the well-being of our youth. At this point those who wanted to take the vaccine shot have done so. Those who do not have not done so. There's been two years worth of coercion, and 2 years worth of opportunity to fall in step. As much as we love the State of Washington we love our children more. The harder you push the more enticing it becomes move out of state.

My family and countless others like me would choose the same course of leaving this state. When we leave, you were left weaker because of our exit..

Do the right thing, uphold the recommendation of the technical advisory group to not require vaccination for school children.

Respectfully,

Jon Garriott

From: Alyson Morse
Sent: 3/4/2022 11:11:14 AM
To: DOH WSBOH
Cc:
Subject: No against vaccine requirements

External Email

I am a concerned citizen that is here to tell you we do NOT want any sort of requirement on childcare, preschool, schools of any sort for the covid shot.

There is an enormous amount of evidence that children's immune responses naturally are better than this shot while the negative consequences outweigh the hint of hope they do.

Please listen to our voice.

Thanks,
Alyson Morse

From: Marilyn Olson
Sent: 1/28/2022 3:17:39 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-045

External Email

To Governor Inslee and the Department of Health 01/28/2022

I am writing regarding the following proposed policies you are trying to install based on the January 12, 2022 agenda.

* Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, and vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

* Including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Although I wrote this letter for Washington State Board of Health, I am actually writing to you individually. You the living, thinking, feeling, human who's job is to serve the citizens of Washington State.

I am writing to you, Jay Inslee

I am writing to you, Umair A, Shah

I am writing to you, Jessica Todorovich

I am writing to you, Tamara Fife

I am writing to you, Kristin Peterson

I am writing to you, Les Becker

I am writing to you, Lacy Fehrenbach

I am writing to you, David Bayne

I am writing to you, Elizabeth Perez

I am writing to you, Tao Sheng Kwan-Gett

I am writing to you, Nathan Weed

I am asking that you listen in your capacity as a board member, paid public servant, and fellow human being, neighbor, and friend.

For nearly a year, you have been gradually conditioned to view the unvaccinated as enemies. You have been subjected to a relentless propaganda campaign
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fprimer-for-the-propagandized&data=04%7C01%7CWWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%3A%2F%2Fmargaretannaalice.substack.com%2Fprimer-for-the-propagandized](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fprimer-for-the-propagandized&data=04%7C01%7CWWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%3A%2F%2Fmargaretannaalice.substack.com%2Fprimer-for-the-propagandized&data=04%7C01%7CWWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%3A%2F%2Fmargaretannaalice.substack.com%2Fprimer-for-the-propagandized)>

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; to paint us as science-deniers
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fto-a-scientifically-minded&data=04%7C01%7CWSSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e2c3-4043-4242-B06A-40833A000000>
, conspiracy nuts, spreaders of disease
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usmmm.org%2Fpropaganda&data=04%7C01%7CWSSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e2c3-4043-4242-B06A-40833A000000>
the-
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usmmm.org%2Fpropaganda&data=04%7C01%7CWSSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e2c3-4043-4242-B06A-40833A000000>
, and threats to society.

We are human beings just like you. We love, we live, we think, we feel.

New stories documenting COVID outbreaks in fully vaccinated groups keep emerging, including cruise ships

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fquarantine%2Fcolor-ship-color-status.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e2>

such as the MS Europa, MS Europa 2, Mein Schiff 6, and Aidanova

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fackel.substack.com%2Fp%2Fcover-aboard-cruise-ships-is-back&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e2>

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 article
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 notes:

"According to the CDC's database for COVID-19 on cruise ships as of Wednesday, all 92 cruise ships currently sailing in U.S. waters had people on board infected by COVID-19."

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: one building housed fully vaccinated employees, while the second building housed
unvaccinated employees.

Guess which building experienced a COVID outbreak—and which one didn't? It's the opposite of what the media tells you. In this perfect real-world case control study <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F288>, the building with the fully vaccinated employees suffered an outbreak, while the unvaccinated remained protected by their natural immunity, which has been proven superior to vaccination by 145 research studies <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2F79> research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C to date.

And then consider this scenario at an Antarctica station
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 : "100% vaxxed. 100% remote and quarantined. Still, covid outbreak in 2/3rds."
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FSallySamsara%2F>

I know what you're thinking, "Okay, but what about the hospitals being overwhelmed by the unvaccinated?"

Well, big surprise, you've been deceived about that, too.

At a regional New York hospital serving a community with an under 50% percent vaccination rate, 90% of the individuals admitted to the hospital were documented to have received this vaccine

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The latest UK and Israel data reveal that vaccinated individuals comprise the majority of all hospitalizations and deaths in the over-50 group

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, a pattern that is becoming increasingly common

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If the vaccine does not prevent people from spreading or contracting COVID; being hospitalized; or dying from COVID, what possible justification can you provide for involuntarily detaining individuals and families in quarantine facilities?

And that's only part of the story. The other part of the story the one you are hiding Mr. Inslee, is the CDC's vaccine surveillance system has just surpassed a historic 1 million adverse event reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e21016999> as of 12/31/21) for the COVID vaccines, including 21,382 deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data%2Fmortality&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C046381b681874e83f41008d9e2b4174f%7C11d0e21016999> 5,252 of which occurred within the first forty-eight hours following injection.

Contemplate that for a moment—nearly a quarter of reported deaths occurred within the first two days after vaccination.

Using Pfizer's own six-month data demonstrates that the COVID-19 vaccinations cause significantly more harm than good. Indeed, Pfizer's data shows the absolute risk reduction from its vaccine was only 0.84 percent, whereas there was a 300-percent increase in risk for adverse events.

Let me repeat that. Our government (you Mr. Inslee) our workplaces, our organizations, are demanding that its citizens accept a 300-percent increased risk of adverse events including death in exchange for less than a 1% risk reduction of contracting COVID.

Does that risk-benefit ratio sound reasonable to you? Pfizer, Moderna, and Johnson & Johnson, and you Mr. Ensley are gambling with our lives at zero-percent risk of liability thanks to their FDA-issued emergency use authorizations. None of you will be off the hook for this. This is a big mistake you will take to your grave.

Given the skyrocketing risk for death and injuries

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after injection with these products, how can you justify threatening to remove people from their homes and concentrate them in camps for refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, and vaccination?

But that's not all you're proposing. You're also wanting to include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

And children are dying after vaccination possibly as many as 800 so far

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. As of December 21, 2021, seventy-one dead children under 18

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have been logged in VAERS.

More children die from the COVID vaccine than COVID itself. We are potentially sacrificing our children for fear of maybe dying, getting sick of a virus, a virus with a 99% survival rate.

What you will find, if you remove the blinders Big Media, Big Tech, and Mr. Inslee have placed over your eyes to shield you from the gruesome reality unfolding outside the telescreen, is that the science (the actual science, as opposed to the pharmaceutical-funded \$cience™) proves the COVID vaccines are neither safe nor effective. I am not an antivaxxer, just a thinking human being that doesn't want an injection of an unapproved substance. An unknown that is not a sterilizing vaccine for a virus with a 99.95% survival rate. As a scientist, I'd be happy to point you in the direction of what used to be "real science".

There are no FDA-approved vaccines being administered in the United States? That's right, we were hoodwinked by Big Pharma, yet again. The Pfizer product the FDA approved on August 23, 2021, is Comirnaty

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, which is unavailable in the United States, where the unapproved version is still being

injected so Big Pharma can enjoy the blanket protection guaranteed by their emergency use authorizations. You should be ashamed of yourself Mr. Ensley.

If you pass these proposals, you will be remembered for your complicit cowardice and you will not be excused from accepting responsibility for your actions. It's your choice.

Sincerely,

Marilyn Olson

Washington State Citizen

From: heidi johnson
Sent: 3/2/2022 8:40:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for March 9, 2022 Public Meeting

External Email

Hello. This email serves as my public comment for the WA State Board of Health Meeting on March 9, 2022. My comment is specifically in regard to: Agenda item # 9. Rulemaking Petition – The Board has received a request to adopt a new rule in

Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry .

My public comment: I urge this panel to take the following points into consideration when making a determination on adding the covid-19 biologic to the childhood immunization schedule:

1. Final TAG Recommendation

TAG members discussed and voted on a final recommendation for the Board. TAG members voted to not recommend adding the COVID-19 vaccine to the state's list of required immunizations for school entry. The votes were 6 yes, 7 no, and 4 unsure.

* Non-supportive: Members expressed doubt about making a recommendation to the Board and stated concerns about unintended consequences of doing so. Members stated concerns about a lack of good data and not being comfortable with children possibly losing time away from school.

2. A decision to add these biologics to the current childhood immunization schedule would be premature citing the lack of FDA approval, lack of long term safety & effectiveness studies, and no proof that these biologics will even be needed in the future.

3. VAERS COVID Vaccine Adverse Event Reports for Ages 17 and Younger:

34,831 Reports Through February 18, 2022

4. VAERS COVID Vaccine Myo/Pericarditis Reports

through February 18, 2022: Ages 12-32: 6559

5. The biologics currently being considered are comprised of the original strain of the covid-19 virus. This original strain has mutated 10 fold. Due to these biologics being created under an emergency use authorization the process of developing these drugs bypassed critical safety studies necessary to consider a permanent placement on the childhood immunization schedule. To add a rushed pharmaceutical product to a childhood

immunization schedule would be considered crimes against humanity, and go against the nuremberg code.

Thank you.

Heidi Johnson-Sandall
Granite Falls, WA

Heidi Johnson

From: BAMBI HIRON
Sent: 3/3/2022 4:14:26 PM
To: DOH WSBOH
Cc:
Subject: Jab for children

External Email

I do hope that you are not evil enough to try and make a dangerous, experimental so called vaccine a requirement for school age children. They absolutely don't need this as it will do them more harm than good. When will you people learn that parents make medical decisions for their children not government officials. I have a family member that was rushed to the hospital after his first Pfizer jab and nearly died. Filled with blood clots in both lungs and legs. Please stop this madness! None of you make any sense. This experimental jab doesn't keep you from getting or spreading Covid and you have no idea what long term effects this has on people.

Lyn Hiron

From: Brandy Hamilton
Sent: 3/4/2022 1:34:16 AM
To: DOH WSBOH
Cc:
Subject: 4586A148-AE97-4797-AC97-E5D8E1468401

External Email

Good evening,

I am sending this email as a VERY CONCERNED parent of 2 school aged children regarding your future decisions to add the covid vaccine to the required list. No parent should have to be required to give their children ANYTHING that is still being studied and does not have enough history and data to prove that it is safe. This vaccine is brand new, so we do not know what the potential problems it could cause 2 years from now, or even further down the road. No vaccine that is NOT FULLY APPROVED by the fda should be a requirement for our children, especially when we already know that it can cause myocarditis in young boys/ men and it is still in the study phase. I have teenage boys who are vaccinated for other things and have much concern for this covid vaccine because we don't know enough about it yet, and children have the least chance of dying from covid, along with the fact that my youngest son has already had covid and has been exposed many times since but not gotten covid again. Thank you for your time and I hope you guys take us parents and the lack of data into consideration.

From: Niki Duncan
Sent: 3/3/2022 6:07:56 PM
To: DOH WSBOH
Cc:
Subject: DO NOT require the Covid 19 vaccine for children

External Email

Hello,

I understand that TAG has recommended against requiring the Covid-19 vaccine for children. I applaud this recommendation and urge you to ratify this decision.

- 1) There is no long term safety data on these vaccines, therefore it is immoral and unethical to mandate them.
- 2) The short term safety data is extremely worrying - over 20,000 deaths from these vaccines in the US at the very least. Not to mention tens of thousands of life altering injuries from these vaccines. (And as I'm sure you know, VAERS is known to under-represent the number of adverse events)
- 3) Myocarditis is a documented side effect of these vaccines - especially for teen boys. I have two teen boys who will not be taking this vaccine because their chance of being harmed by these vaccines is higher than their chance of dying from a Sars Cov 2 infection. If you mandate these vaccines my sons will be robbed of their education over a vaccine that does not stop you catching the virus nor passing it on (as the CDC now admits).
- 4) Per the last sentence of point number 3 - why on earth would you mandate a vaccine that does not stop the acquisition or spread of infection?

I trust you will do the right thing and ratify TAG's recommendation.

Thank you,
Niki Duncan

From: tlpleslie@yahoo.com
Sent: 3/3/2022 4:50:35 PM
To: DOH WSBOH
Subject: Covid vaccines for Students

External Email

Requiring the students receive the Covid Vaccine.

A.) The liability to Washington State far exceeds the possible benefits.

B.) Where you may believe it benefits the adults, it has not been approved by FDA for general applications for children.

Leslie Peterson
Shelton, WA

From: ashley dunnell
Sent: 3/4/2022 9:52:27 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

NO!

Sent from Yahoo Mail on Android

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

From: Lisa Templeton
Sent: 3/4/2022 10:50:14 AM
To: DOH WSBOH
Cc:
Subject: public comment for BOH's March 9 meeting



attachments\CDF8876E55034512_image002.jpg

External Email

Good morning, will you please include my message below in the materials for the Board's meeting on Wednesday?

Dear Members of the Board,

TAG vote

I understand that you are delaying until your April meeting a decision as to whether to honor the TAG's recommendation not to require Covid-19 shots for Washington's daycare and K-12 children. I am writing now nonetheless so you have more time to consider my comments.

Even if these experimental products worked as advertised and prevented transmission and infection, it would violate medical ethics to treat children as human shields in an effort to "protect the community," which was a theme mentioned several times during the TAG meetings. It is the responsibility of adults to protect children, not the converse.

It is a flagrant violation of the Nuremberg Code to coerce humans into being test subjects in medical experiments. Given that Phase 3 trials are still in process, as Dr. Dunn admitted (2:30-5:30 time stamps at <https://rumble.com/vvfxw-jake-murray-t.a.g.-meeting-2-17-22-clip.html> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvfxw-jake-murray-t.a.g.-meeting-2-17-22-clip.html&data=04%7C01%7CWSboh%40sboh.wa.gov%7Cd9a5c608155a4ad8848808d9fe0fb618%7C11d0>), these shots fall under this internationally-recognized foundation for medical ethics.

Public health advertising relentlessly urges people to take the injections in order to "protect the immunocompromised who can't," but at the same time, it urges the immunocompromised to repeatedly undergo this intervention, too, adding more boosters as the previous doses wane (please see DOH's graphic at the end of this message). These two messages are contradictory and further dispel the specious claim that our little children must assume the role of protectors in our society.

I respectfully implore you to refrain from coercing uptake of these liability-free products.

Uphold the TAG's recommendation not to add Covid shots to WAC 246-105-030.

Agenda Item 8--Petition

I would also like to express my partial support for Allison Sander and Kimberlee Baker's petitions for rulemaking in Agenda Item 8 proposing a change to WAC 246-100-036(3). The petition is a good start, transferring the power of one unelected official (a local health officer) to a small board of public health agents (local BOH) who implement measures imposed by a politically-appointed state DOH. However, informed consent and declination must be the foundation of any public health intervention, without exception for an assertion of emergency conditions. Even these agencies have demonstrated they are susceptible to abusing power, too. The petition could be amended to include that the principle of informed consent must be honored in all cases.

Thank you for reading and for your consideration.

Lisa Templeton

Concerned parent and taxpayer

From: Mandy Simacek
Sent: 3/2/2022 9:11:48 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

As a mother and public school teacher, I urge you to ratify TAGs recommendation to not require the Covid vaccine for school aged students. Recent data does not support it and even shows the vaccine is not very effective in stopping transmission among younger people. In my district alone, you will see a mass exodus of students from public education if it were required. In my building, the rate of transmission has been no different amongst the vaccinated vs. the unvaccinated.

Please do the right thing and make it a choice that parents can decide for their children.
Thank you for your time.

Mandy Simacek

Sent from my Verizon, Samsung Galaxy smartphone

From: Kathy Egbert
Sent: 3/3/2022 2:54:02 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Do NOT mandate the COVID 19 shots for our children/students

External Email

I URGE all members of WA ST BOH to ratify the TAG's recommendation against a Covid 19 shot mandate for all daycare/preschool and K-12 students .

So many of our children have natural immunity already and it is this age group that is least likely to suffer hospitalization/death from Covid 19. In addition, if you are truly following the science and the VAERS reporting system, our children are more at risk from these shots than they are from getting the infection. Look at the numbers.

Also, there are very, very effective treatments available that do not carry the very real possibility of "vaccine" injury/death that come with the jab.

I have to respectfully disagree with Tao Kwan-Gett when he says that the biggest threat to our liberty is the virus itself. Seriously?! This virus is not even close to the top of that list.

Thank you for listening.

Kathy Egbert
KathyEgbert15@gmail.com <mailto:KathyEgbert15@gmail.com>

Abraham Lincoln once said, "America will never be destroyed from outside. If we falter and lose our freedoms, it will be because we destroyed ourselves."

Freedom is never more than one generation away from extinction. We don't pass it on to our children in our blood. It must be fought for, protected and handed to them by our example or one day we will spend our sunset years telling our children and our children's children what it was once like in the United States when men were free. Ronald Reagan

--

Kathy Egbert
KathyEgbert15@gmail.com <mailto:KathyEgbert15@gmail.com>

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From: kimberly@yodio.com
Sent: 3/2/2022 7:05:55 PM
To: DOH WSBOH
Cc:
Subject: Adopt the TAG recommendation re: Covid shots for school children

External Email

I would like to respectfully ask you to adopt the TAG recommendation to NOT add the experimental Covid-19 shot for students.

Thank you for your work,

Kimberly Hankins

From: Jordan Bjelland
Sent: 3/2/2022 10:33:16 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 School Vaccine Requirement

External Email

As a mother of 2 school age children in this state it is my hope that the Board of Health will NOT add Covid-19 injections for children to attend school. After seeing the TAG group vote NO on the recommendation I don't see how the Board of Health can then go on to add it. I have made sure my children have every immunization they need at the direction of their doctors. This injection though is not the same as those already on the list for entering school. These are new & there is no currently published literature on pediatric Covid 19 vaccine effectiveness in K-12 school setting. Also, these injections are widely available for any one wanting to get it, children in this state have been getting them for some time now. There is no mandate for children to get the flu shot for school and for years we've dealt with how that affected teachers, staff & student's attendance with out mandating the shot. It also seems that Covid 19 is on the downturn and we are coming to the end of the pandemic, which as a mom would tell me, there is no need to mandate such an injection on the masses of our students. I also hope that the Board of Health has been monitoring the Pfizer papers that have come out regarding side effects, there are too many to name & it should never be forced on anyone, let alone the youngest, least affected by covid, populace. Thank you for your time.
Shanan Bjelland

From: Mary Bernabe
Sent: 3/3/2022 5:09:53 PM
To: DOH WSBOH
Cc:
Subject: TAG recommendations

External Email

Please ratify the TAG recommendations re the mandated vaccines for K-12 children. It should be a choice not forced. It is up to parents to decide this. To force this is a serious overreach of the state of Washington.

Thank you,

Mary Bernabe
P.O. Box 302
Yacolt, WA 98675

From: Michelle Anderson
Sent: 3/2/2022 10:08:42 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Regarding WAC 246-100-040 (a). You have NO RIGHT TO IMMUNIZE ANYONE AGAINST THEIR WILL!!

You need to REMOVE "IMMUNIZE" from the language!! Quarantine for up to 10 days?, Up to 30 days with court order and more than 1 doctor approval, OK.

DEFINITELY NOT IMMUNIZING ANYONE AGAINST THEIR WILL!!

This is a violation of our civil rights and will be turned over in a higher COURT! You cannot make rules that violate the law!

YOU WILL NOT BE IMMUNIZING OUR CHILDREN AGAINST THEIR or OUR WILL!

We are the parents and have the FINAL say! You do NOT have approval and will be sued and lose your jobs for it!

PARENTS have the LAST word on it!

Please use the common sense that GOD gave you and look at the big picture and future generations.

The only way for evil to win, is if good people do nothing.

Please remove the immunize verbage from the text.

Thank you!

You are all doing a wonderful job! You don't really need all these extra rules, when it really is for the good of the people, it wont need a rule. Most people will do what is right. You might not agree, but it is free will.

From: Theresa Roe
Sent: 3/3/2022 7:43:50 PM
To: DOH WSBOH
Cc:
Subject: March 9 Meeting

External Email

To the Board of Health members,

I am writing to urge you all to ratify the TAG's recommendation against a mandate requiring what are still experimental injections into our children who have no voice. There are still too many unknowns to the far reaching consequences in their later years and some very serious concerns as regards fertility as they one day desire to have a family of their own. We are already seeing many complications in this regard.

Thank you for your time,

Theresa Roe

From: Elisabeth
Sent: 3/4/2022 6:40:28 AM
To: DOH WSBOH
Cc:
Subject: NO to Covid shots for kids

External Email

I implore you to follow the TAG's recommendation to NOT add Covid 19 shots to the schedule of requirements for school entry! Children have statistically ZERO risk of dying from COVID, the shots are NOT stopping infection or transmission but ARE causing adverse reactions! Requiring these for children is all risk with no benefit and you know it. WA schools are already hurting for attendance these days. If you make these awful shots a requirement for entry, I guarantee you will see enrollment drop even more. Do what's right and protect our children.

Thank you,
Elisabeth Morgan
Edmonds, WA

Sent from my iPhone

From: Patricia Backlund
Sent: 3/3/2022 9:20:05 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

Dear BOH
I URGE YOU TO RATIFY THE TAG ADVISORY TO NOT MAKE THE COVID VAX MANDATORY
FOR SCHOOL CHILDREN IN WA.
THIS DRUG HAS NOT BEEN TESTED SUFFICIENTLY ON CHILDREN & THE SAFETY &
EFFICACY IS ALSO NOT PROVEN. THERE HAVE BEEN SEVERE ADVERSE EFFECTS
REPORTED ON CHILDREN WHICH ARE NOT REVERSIBLE. HEALTHY CHILDREN ARE NOT
AT RISK FOR COVID INFECTION.
PARENTS SHOULD MAKE THESE DECISIONS ☐
☐NO GOVERNMENT!

With regards,
Pat Backlund, BSN
Get Outlook for Android

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

From: Clifford Knopik
Sent: 3/2/2022 7:32:42 PM
To: DOH WSBOH
Cc:
Subject: March 9 Public Comments: Regarding Covid-19 Vaccination for children

External Email

My name is Dr. Clifford Knopik. I have a Doctorate in Computer Science and advanced degrees in Homeland Security, Information Security and Emergency Management. I work with data for a living.

King County's own data shows the Covid-19 injections are broken. For the past four months, most cases, hospitalizations, and deaths have been fully vaccinated people. The injections do not work as advertised.

You are debating whether to inject children with experimental technology that is broken and debating whether to punish the un-injected children by denying them the constitutional right to an education. There should be no debate – harming children is always a NO.

You do not have data or science to vote YES. It does not exist. If you vote YES, you will be voting YES because you would rather risk harming children than accept that the snake-oil salesmen lied about their product, that the experts in their arrogance got things awfully wrong, or for some other nefarious reason.

Do not require children to take these broken Covid-19 injections because that would be wrong and harmful and ultimately evil.

Thanks.

Dr. Clifford Knopik

Dr. Clifford Knopik has a Doctorate in Computer Science from Colorado Technical University. He also has a Masters in Information Systems from Penn State, a Masters in Homeland Security from Penn State, a Masters in Information Assurance from Dakota State University, a Bachelors in Social Studies from Washington State University, an Associate in Emergency Management from Clackamas Community College, and an Associate in Computer Programming from Pierce College. He was honored to serve for five years in the Washington State Guard where he received emergency management training through FEMA and the Washington Emergency Management Department.

From: C Towle
Sent: 3/4/2022 12:38:50 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine mandates

External Email

Dear Washington State Board of Health Members,

Please endorse the TAG committee's decision not to mandate Covid 19 vaccine for schools and daycares. It should never have mandated for anyone. Coercing people to take a experimental fake vaccine that does not stop transmission or infection by threatening them with losing their jobs was and still is illegal and immoral. The vaccines do not work!!!

1. The covid vaccines do not stop infection or transmission. They are a treatment not a real vaccine. We have the right to refuse medical treatments that only affect the individual. We have the right to refuse experimental products.
2. Data suggests the children are more likely to die of a vaccine side effect like myocarditis than die of Covid.
3. Information is coming to light implicating fraud and data manipulation in the Pfizer trials.
- 4 All the available Covid vaccines are still EUA. It is illegal coerce anyone to take an experimental product.
5. VAERs data is showing horrendous numbers compared to previous years. Those numbers show a huge safety signal.
6. The trials were rushed and incomplete. There IS NO LONGTERM DATA ON SAFETY.
7. I personally know more people who have been harmed or killed by the jab than I know who died of Covid.
8. Any informed parent will pull their kids from school rather than risk the harms being caused by the fake vaccine.
- 9 There is lawsuit in international court going on at this moment for crimes against humanity because of the harms from this vaccine and the way humanity has been coerced into taking an experimental product.
10. Most of the side effects showing up in the VAERs system were originally listed on the CDC website. Then they pulled it down so the public would not have access to that information.
11. The CDC has been withholding data from the public because they might "misinterpret it". That is legal speak for that data doesn't follow the official narrative and the public would realize they have been fed misinformation on the safety and effectiveness.
12. This technology didn't work out so good for the cancer patients it was originally used on. Hmmm, all the bad things happening now happened then.

This information is out there if you are willing to do the research. The bottom line is, even according to the CDC, the Covid vaccine does not protect anyone from getting or spreading Covid. It MIGHT prevent some hospitalizations and deaths. That makes the Covid "vaccines" a treatment and treatments are a personal choice. People are not forced to take other treatments that may save their lives, eg. chemo, I would rather risk death from Covid than Bell's Palsy, myocarditis, blood clots (heart attack, stroke), death and the list goes on and on. I know of real people with all those side effects. The side effects are happening, just look at the Vaers data and compare the previous 30 years to 2021.

Respectfully,
Catheryn Towle
1404 Buffalo Rd
Selah, WA 98942
509-697-5356

From: quinn matthaei
Sent: 3/2/2022 7:26:57 PM
To: DOH WSBOH
Cc:
Subject: Covid rule making -school age kids in Washington

External Email

As a parent of two school aged kids in Washington I ask you to not make the COVID-19 vaccine mandatory for school attendance. There is not enough long term studies of side effects, recently report's have shown effectiveness of vaccine for 5-11 year olds is not what they thought and decreasing school attendance in public schools will effect overall quality.

The state test scores and recent learning deficits should be the main focus for our districts not how to manage a mandate for a vaccine which is questionable at best.

Please take time to think critically about this vote and have some long term thought of what is actually best for our kids.

Thank you,
Concerned Parent

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Pam Carron
Sent: 3/2/2022 12:49:02 PM
To: DOH WSBOH
Cc:
Subject: COVID Shots for Children

External Email

I am opposed to giving our children these shots. They are not in a high risk for serious COVID symptoms.
Parents should always have the right to say no to any medical procedure that will affect their child.
Please do not go forward with this plan of mandatory vaccines for our youth!

Thank you
Pamela Carron
Sent from my iPhone

From: Christine Livingston
Sent: 3/2/2022 10:55:31 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Please take into consideration that vaccines, especially Covid19 vaccines aren't keeping infections down. Also, children are the least affected by Covid. If you mandate vaccines for kids to attend schools, you put them at a higher risk of adverse reactions and death from the vaccine than the chance of kids getting Covid and/or dying. You can check Pfizer's own documents that were recently released. The adverse reactions prove it is not safe to take.

Washington State Education has consistently said vaccines are "Safe and Effective". You haven't given any of your employees or kids any Informed Consent on the risks vs rewards of vaccines. Informed Consent is key. Without it, you have crimes against humanity. Truth be told, at the end of the day you cannot take a vaccine out of your system. And vaccine companies have immunity. They have a no fault court system called NVIC, where minimal payouts derive from sales of vaccines.

Where there is risk, there must be choice!

Please take a hard look at evidence. You can no longer claim ignorance when you have knowledge. And harming the innocent will leave a stain on public schools for decades to come. This will be a time in history that will be talked about for generations.

Link to Pfizer Trials

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmppt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C610bedcdd7064bc4e54c08d9fce2bc3b%7C>>

- Concerned Parent
Christine Livingston

Sent from my T-Mobile 5G Device

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From: Chandler Bailey
Sent: 3/2/2022 8:10:04 AM
To: DOH WSOB
Cc:
Subject: Comments 02/24/2022 TAG Meeting

External Email

This meeting, just like the others, continued to be full of comments from the presenters such as "we don't know", "limited information", "unknown" and "moving targets". The 2nd bullet of Anna Hidle's presentation summary perfectly summed up all the information presented to the TAG during 3 meetings:

"Quantifying Changing Outcomes" = "Unknown Future and Unknown Outcomes"

Based on that slide alone the answer to Criteria #3 must be No.

As to Criteria #7 the answer is also an easy No. Slide #28 of that presentation provides the reason - 2/3rds of parents say that schools should not require vaccines. That is all we need to know - the proposed requirement is not "acceptable to the public". Someone on the panel mentioned messaging from "trusted and credible authorities like the CDC and NIH" might help here. That person has not been paying attention. The handling of Covid by the CDC and NIH has been haphazard at best and their credibility has been irreparably damaged, at least for the foreseeable future. At least half of the general public does not trust them.

As part of the discussion for this criteria, there was mention of "herd immunity" and the impression given was that only the Covid shots would help us reach that goal. There was no mention of natural immunity, which provides at least as good and lasting immunity as the shots. Natural immunity will be what allows much of the world to reach herd immunity - it will play a big role here as well.

Criteria #8 is that the administrative burdens are reasonable. Since the shots do not prevent illness or transmission and available therapeutics do the same, the burdens are not reasonable on a cost/benefit basis. Where the burden hits the hardest - school nurses, childcare without medical personnel, and parents, the burden certainly outweighs the benefits. The answer to this question is also No.

The answer to Criteria #9 is also No. Being required to comply with something that has little benefit, and you disagree with, is unreasonable. Even applying for an exemption to the mandate (yes a government requirement is a mandate) requires the parent to have an outside authority signature to confirm the exemption - even for personal reasons. That is also unreasonable. The requirement assumes the parent isn't intelligent enough to find information to make an informed decision for their child. That, too, is wrong.

While the final result of the TAG group process ended up being correct - not to recommend the vaccine requirement for school attendance - I am disappointed that the vote was so close. As slide #35 of Anna Hidle's presentation pointed out - "Quantifying Changing Outcomes" = "Unknown Future and Unknown Outcomes" - and that speaks for 100% of the information provided to the TAG.

I struggle to understand how anyone, in good conscience, could believe requiring these shots to attend public school would be a good thing. I also have to wonder what the selection process for the TAG was.

Chan Bailey (509) 991-7637
PO Box 307

Colbert, WA 99005

From: JIM S
Sent: 3/4/2022 11:59:31 AM
To: DOH WSBOH
Cc:
Subject: OPPOSE COVID VACCINE

External Email

I strongly oppose mandating the covid vaccine as a requirement for school age children!!! There is not enough long term data and the risk outweighs the benefit. It is MY choice as a parent to vaccinate. Please do not support this!

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: Jessica Crockett
Sent: 3/3/2022 7:50:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Washington State Board of Health,

I am writing in regards to your decision about mandating the COVID-19 vaccine for school entry. As a parent, it concerns me that much of the data from the TAG meetings was missing for many of the age groups such a mandate would cover. The data also used old variants to show efficacy of the vaccines. We already know that the vaccines are less effective against the Omicron variant. It seems odd that we would base efficacy on data from variants that are no longer relevant. As we look at the flu shot, COVID seems similar in that it is a highly mutable illness. As such, we will never eradicate it. And vaccines will often be mismatched from the variants from year to year.

I believe there are far more risks than the data that were presented. I know many people who have had adverse reactions of some kind to these vaccines including lung clots, congestive heart failure, need for pace maker, cancer, heart attack. Some have been reported by doctors and some have not. It's the ones that haven't been reported that tell me you are missing much of the data that should be included in the risks category. And even with the data that was shared about myocarditis—I don't believe it is your job to determine whether that risk is worth it for someone else. That is a parents/individuals job. You can make recommendations. But it is not your job to decide to put someone else at risk. And everyone has the option to get themselves vaccinated to reduce their own risk of COVID if that is what makes sense for them. So there is really no need for a mandate here.

VAERS reports show a significant amount of adverse events for the COVID shot when compared to other vaccines. In fact all vaccines combined for the last 30 years had fewer adverse events than this one shot has in a year. That is certainly not an acceptable level of risk to mandate for our kids.

I hear that the TAG has voted no to this mandate. And that was even with information that was heavily biased in favor of the vaccine. I hope you will consider their recommendation and vote NO as well.

Thank you for your thoughtfulness in this matter.

Jess

Sent from my iPhone

From: Natalie McBride
Sent: 3/3/2022 2:40:25 PM
To: DOH WSBOH
Cc:
Subject: No Vaccine mandate

External Email

As a citizen and parent in Washington state, my voice matters.

No, children should never be mandated for an experimental shot that has injured more people than would help in the age group 20 and under. Children do not get sick from covid-19. This is strait up tyranny on the people.

Our children should not be experimented on because of the fear adults carry. This is wrong in every way. Do what is right! No mandate for an experimental and yet failed shot. There is no long term studies to show the outcomes to children. Why harm them??

Natalie McBride

Sent from my iPhone

From: connie sisco
Sent: 3/3/2022 1:41:48 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

I am writing you this email to express my feelings on the vaccine mandates. I believe that we the people should have the right to decide what we put in our bodies. These vaccine's have harmed and even killed people they clearly not safe for everyone. Please protect our children from these vaccine's they have amazing immune systems and are doing just fine with out the vaccine.

From: Julie Dawes
Sent: 3/3/2022 3:50:37 PM
To: DOH WSBOH
Cc:
Subject: Against Covid Vaccine for k-12

External Email

Hello There,

I am writing as a concerned parent of 3 public school children in Washington State. I Wanted to let you know that I am wholeheartedly AGAINST requiring the covid vaccine for children. If parents feel it is right for their kids then that is fine. However, I do NOT believe that it has in any way been tested long enough to justify requiring it. It has also been shown recently to have had very little effect on the latest variant making it a useless thing to require. I would say quite a few people have already had at least the Omicron variant and have seen very minor symptoms- especially among the youngest age group. Forcing this vaccine on children and families seems like a waste of time and money. It also feels like a huge over step of the government/ school system. I would without hesitation remove my kids from public school and find an alternative before subjecting them to the vaccine.

Thank you for your time and consideration,

Julie Dawes

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 9:52:16 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comments

From: Michelle Anderson <shellies4@netzero.com>
Sent: Wednesday, March 2, 2022 10:10 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Public Comments

External Email

Regarding WAC 246-100-040 (a). You have NO RIGHT TO IMMUNIZE ANYONE AGAINST THEIR WILL!!

You need to REMOVE "IMMUNIZE" from the language!! Quarantine for up to 10 days?, Up to 30 days with court order and more than 1 doctor approval, OK.

DEFINITELY NOT IMMUNIZING ANYONE AGAINST THEIR WILL!!

This is a violation of our civil rights and will be turned over in a higher COURT! You cannot make rules that violate the law!

YOU WILL NOT BE IMMUNIZING OUR CHILDREN AGAINST THEIR or OUR WILL!

We are the parents and have the FINAL say! You do NOT have approval and will be sued and lose your jobs for it!

PARENTS have the LAST word on it!

Please use the common sense that GOD gave you and look at the big picture and future generations.

The only way for evil to win, is if good people do nothing.

Please remove the immunize verbage from the text.

Thank you!

You are all doing a wonderful job! You don't really need all these extra rules, when it really is for the good of the people, it wont need a rule. Most people will do what is right. You might not agree, but it is free will.

From: Kimberly Moyer
Sent: 3/2/2022 9:11:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I feel like forcing the jab upon our children is a very horrendous consideration and I am beyond appalled at how the enforcement on something that is not deemed as being 100% safe nor effective is even thought of. I do not trust something that has clearly not had enough time to even be proven to not harm our bodies. Even with things being "safe" after adequate time there are always some sort of side effects AND they even end up stop being used because of the harm/death they caused.

I strive for the absolute best of health for myself and my children. We steer clear of as many toxins and unnatural products as we are able to.

I cannot even fathom the idea of putting something so unknown and uncertain into our bodies. It breaks my heart to know that so many people do and are willing to risk their children's lives and well being for this harmful injection, even for themselves.

It is very alarming to the extent of which this world coming to.

What happened to us having the freedom of choice?

I trust and believe that this sickness is something that can be healed from more than the media is leading everyone to believe.

It is all about taking care of yourself and your health the best that you can to keep your own natural immune system fighting strong.

How on God's green earth is natural immunity to this sickness not even considered in this?!?!?

This world needs to stop taking the easy way out on everything and put in the work that is needed for self care and the future generations to come.

I hope and pray that you all think deeply, and as hard as you ever had looking into this situation whole heartedly and know that there are millions of other people in this world that are not on board with this form of injustice and incrimination.

Thank you very much for your time and I wish you and your families many blessings.

Sent from my iPhone

From: Doris Taylor
Sent: 3/4/2022 10:13:36 AM
To: DOH WSBOH
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Members of the WA BOH,

I have been a nurse for over 20 years and am a parent in WA state. I have deep concerns about mandating the COVID-19 vaccine for daycare/preschool and K-12 children and strongly feel that it should NOT be mandated. The medical and scientific community does not know enough about side effects of this type of vaccine especially since it is voluntary to report side effects and many lay people probably don't know about reporting side effects and where to do so. Though, if you look at the reported side effect of this vaccine, there is a sharply increased amount of side effects reported compared to other vaccines which shows that there is a high amount of side effects for this COVID-19 vaccine compared to other vaccines on the market. Everyone that has had the vaccine should have been enrolled in a 10-20 year study to properly watch for short and long term side effects. Pfizer has not been forthcoming with their data as they tried to burry it for 75 years and had to have a court mandate the data release this does not invoke confidence in their research data or ethics in relation to this vaccine. There seems to be an increased risk of carditis and other heart issues. I have a cousin who now has heart palpitations after being fully vaccinated and another family member had a fatal heart attack after being fully vaccinated. Members of the community do not understand that there are side effects of this vaccine nor that side effects can develop months to years later which are not being studied. Neither the state, federal government or the pharmaceutical companies have liability for potential debilitating or fatal side effects. The American Health Care system did not function well before the pandemic and it certainly is not functioning well now. It has never dealt well with patients that have chronic health conditions and by mandating this vaccine you will be setting up an unknown amount of young people with unknown acute and chronic health conditions that it will fall upon the patient and their family to navigate an already complex medical system. None of this which will be adequately studied as it then creates plausible deniability for pharmaceutical companies and governing bodies but this is willful ignorance and is not actually taking the health and well being of the American people seriously and making this a priority. There are now safe and effective treatments for COVID-19 and this vaccine does not need to be mandated.

Sincerely,

Doris Taylor, RN BSN

From: Sarah Carossino

Sent: 3/3/2022 2:52:13 PM

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

Cc:

Subject: March BOH Meeting: Covid 19 Vaccine Mandate for School Entry for our Children

External Email

Dear Sirs and Madams,

I am writing to communicate my opinion and concern over mandating child Covid-19 vaccines as a requirement for enrolling into school.

Please accept the TAG recommendation of NOT requiring the Covid-19 vaccine for children to enroll in school.

Covid-19 shots should never be mandated for anyone in our country, and especially our children. This vaccine, which is actually genetic therapy, is still under experimental emergency use authorization, and a mandate for vaccination tramples the freedoms we have as individuals and parents to do what we feel is best for OUR OWN children. It has been shown that children are extremely low risk to contract or get severely ill from Covid-19. It has also been shown there are high risks for heart muscle damage in kids who take the vaccine. PLEASE REJECT the mandate.

Government agencies should not be given power to decide who should and should not be vaccinated, and then use force to make it happen by use of mandates. This is a dangerous blanket requirement for children (and anyone of any age) regardless of their medical professional's opinion or direction. Also, this does not take into account NATURAL IMMUNITY, which has been shown in studies from Israel and John's Hopkin's University to give equal or superior protection against Covid-19.

Again, a mandate for children to receive this vaccine, that does not prevent the disease it is intended for, does not take into consideration a parent's own right to make well informed decisions for their child's health, does not take into consideration a child's existing natural immunity from prior Covid-19 infection, tramples our freedoms established in our great country and does not "follow the science."

Where there is risk (and in this case, there is high risk), there must be choice.

Thank you for your service, and I am praying for wisdom for you all. Please vote to keep our freedoms in tact in this state. As a parent, I am extremely concerned with the direction our state is headed.

Sincerely,
Sarah Carossino
Cosmopolis, WA

From: Lisa Johnson
Sent: 3/4/2022 3:28:23 AM
To: DOH WSBOH
Cc:
Subject: Stop COVID Mandates for Children

External Email

To Whom It May Concern ~

I'm writing today to oppose the Board of Health taking any steps to mandate vaccines for children. I oppose COVID-19 shot mandates for everyone. I believe that they are unconstitutional. I believe if you go down this road and there are deaths in people, and especially our children, that you should and will be held accountable for all of them. The studies have already shown that children have a very low rate of getting COVID and spreading it to others.

The vaccines for children are still in EUA and even if the FDA approves them, you are talking about the largest human experiment in the history of our country. Allow people to make their own medical decisions for both themselves and their children. A better use of your time would be to investigate and visit with ALL doctors about the vaccine. Dr. Robert Malone, the inventor of RNA has even said that these shots should not be used on children. When the President of the United States says that there are therapeutics available for an illness (COVID) and he has access to all the medicines all over the world and he's shunned by the media, the WHO, NIH and big pharma, you know that the United States is heading in a bad direction. Do not be a part of going against the medical Hippocratic Oath or the Nuremberg code.

We will all be watching you. Tell the truth and protect our children. Thank you for your time.

Sincerely,

Lisa Johnson

From: Marylynn Eltrich
Sent: 3/3/2022 10:54:40 PM
To: DOH WSOB
Cc:
Subject: Vaccination of children

External Email

March 3rd, 2022

To the Washington State Board of Health

As a Washingtonian, I would encourage the Board to reconsider mandating the COVID-19 vaccination of our children. This vaccine, although used and approved on an emergency basis, is now found to have disturbing outcomes. The FDA in their website even says, "Additionally, the FDA conducted a rigorous evaluation of the post-authorization safety surveillance data pertaining to myocarditis and pericarditis following administration of the Pfizer-BioNTech COVID-19 Vaccine and has determined that the data demonstrate increased risks, particularly within the seven days following the second dose. The observed risk is higher among males under 40 years of age compared to females and older males. The observed risk is highest in males 12 through 17 years of age. Available data from short-term follow-up suggest that most individuals have had resolution of symptoms. However, some individuals required intensive care support. Information is not yet available about potential long-term health outcomes. The Comirnaty Prescribing Information includes a warning about these risks.

There are also studies from Sweden and Japan that speak to the mRNA affecting the body much longer than the pharmaceutical companies have said.

"The Japanese regulatory agency's biodistribution study (pdf <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.docdroid.net%2Fqxq0Z8B0%2Freport-japanese-government-pdf%23page%3D22&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C700d0020433445c314f108d9fdabbff%2F>>) of the Pfizer vaccine showed that some of the mRNAs moved from the injection site and through the bloodstream, and were found in various organs such as the liver, spleen, adrenal glands, and ovaries of rats 48 hours following injection."

"Dr. Peter McCullough, an internist, cardiologist, and epidemiologist, wrote on Twitter that the Swedish study's findings have "enormous implications of permanent chromosomal change and long-term constitutive spike synthesis driving the pathogenesis of a whole new genre of chronic disease."

For me, to TRUST my state government, I must see that they are looking for the TRUTH, they are TRANSPARENT. Truth would recognizing this vaccine has adverse side effects. Truth would be recognizing the needs to be more studies done on it's effect on our children's futures. Please do not use our children for trial subjects.

We do NOT know the long term effects. Please do not force this on our children.

Sincerely,

Marylynn Eltrich

1181 Pilchuck Dr

Fox Island, WA 98333

From: Christiana Nelson

Sent: 2/28/2022 9:57:14 AM

To: joholmen@lwsd.org,boardmembers@lwsd.org,DOH WSBOH,DOH Secretary's

Office,Duchin, Jeffery, MD

(DOHi),Dow.Constantine@kingcounty.gov,slevy@kingcounty.gov,coronavirus@kingcounty.gov,McDermott, Joe

(DOHi),Girmay.Zahilay@kingcounty.gov,rod.dembowski@kingcounty.gov,jeanne.kohl-

welles@kingcounty.gov,Tammy.morales@seattle.gov,teresa.Mosqueda@seattle.gov,lisa.herbold@seattle.gov

King County Leg Authority

2,Sara.Nelson@seattle.gov,susan.honda@cityoffederalway.com,David

Baker,hkoellen@northbendwa.gov,jzahn@bellevuewa.gov

Cc:

Subject: Stop the Mask Mandate

External Email

Greetings,

School districts do not have to and should not be enforcing the mask mandates because they are useless and harmful to our children.

1. The District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. The District's policy permits cloth masks and thus compliance is purely decorative – the policy does not provide any meaningful protections. Studies are showing the bacteria and fungus that are growing on these masks. The state has also said that masks can be removed March 21.

2. The mask requirement stunts the students' educational development. For all of human history up until Spring 2020, there was universal recognition that facial cues provide a distinct and important aspect of human communication. Part of your mission is to help our children develop strong communication skills and you are stunting that learning by requiring them to hide their faces and those important communicative cues under these useless masks.

3. The mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons. When Covid ends, our children will have to interact with the maskless. By causing our children to become dependent on masks, you are straddling them with anxieties that they will have to overcome to interact in the maskless world. School is supposed to help prepare our children to face the world, not make them afraid to face that world

The time has come to allow parents to make that decision for their own children and stop mandating a flawed one-size-fits-all policy. Especially when that one-size-fits-all policy is harmful; a policy that only serves to make some people to feel better without providing any meaningful benefit to our children. Please follow Kettle Falls' lead and stop enforcement of the mask mandates.

Lastly, if 70,000 fans can be maskless indoors at the Superbowl with the WA State Secretary of Health in attendance, masks must be removed from our children immediately.

Christiana Nelson, parent of a LWSD student

From: Shelli Mitchell
Sent: 3/4/2022 6:09:48 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines For An Education



attachments\85F9921D4FE445A1_Scan 2022-03-04 06-02-53.pdf

External Email

To the Board of Health,

Please see my attached pdf with my letter explaining my concern for the potential covid vaccine requirement for children to attend Washington State schools.

Thank you,
Shelli Mitchell

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> Sent from my iPhone

3/3/2022

To the Board of Health,

I am the mother of two young daughters. My daughters are unvaccinated and after nearly 2 years of dodging Covid, our entire family experienced the Covid 19 virus. Both of my children had extremely mild symptoms. I do believe in natural immunity and will not vaccinate my girls with a vaccine that has no long-term studies and minimal health risk data. If there is a requirement for this vaccine to attend schools, I believe I will be asked to put my children at risk in order to have an opportunity to an education.

Pfizer recently released documents reporting over 1,000 known deaths since February 2021 (<https://phmp.org/we-content/uploads/2021/11/5.3.6-PostMarketing-experience.pdf>). This number concerns me and shows this vaccine is not a safe choice for all people. This may not be a safe vaccine for my children and some think I should ignore the possibility of potential harm. During the TAG meeting, Dr. Dunn of Kaiser Permanente, made a jarring statement saying, "People get too hung up on safety questions and what is being asked is if this is an acceptable level of risk, not an absence of risk. Life is a big trip to Vegas." This is the kind of talk that alarms parents - it creates a layer of apprehension, especially when we are talking

about possible risks to children. I am not a parent who will willingly take a gamble on the health and safety of my children, especially when there are studies being published daily which suggest there is still too much unknown about these vaccines. Most definitely the last few years have felt nothing like a trip to Vegas, and concerned parents like myself will not be likely to play the odds when it comes to the safety of our children. Thank you for your time.

Sincerely,

Shelli Mitchell
Gig Harbor, WA

From: Testify Online Survey
Sent: 3/4/2022 11:32:38 AM
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:

Isolation and quarantine

3.

Your Name:

Tyressa Williams

4.

Do you have a professional title?

1. Yes

American Citizen

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

Yes, I have studied.

10.

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

1. Yes

NO to WAC 246-100-040, NO to WAC 246-100-065 re: isolation & quarantine & Chapter 246-105 WAC that wants to mandate COVID 19 vaccines.

11.

Are you Pro or Con on the proposal?

2. Con

Natural Immunity is real. By now many have already been exposed to the virus as well as built up an immune system for this Virus. I have a choice weather or not I want to take a vaccine especially from a virus I have had and beat multiple times.

From: Kathy Kershner
Sent: 3/1/2022 8:58:35 AM
To: DOH WSBOH
Cc:
Subject: DO NOT mandate Covid shots for kids

External Email

Children have a 51% greater chance of dying of the covid shot than of dying from covid. Please help us end the pandemic and allow us to reach herd immunity. Do not mandate this dangerous shot on kids.

Kathy Kershner
360-220-7535
Email sent from iPad

From: Leo Michael
Sent: 3/3/2022 3:59:39 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Regarding the discussion around the WAC "Immunization of Child Care and School Children against Certain Vaccine-Preventable Diseases, and the implementation a Covid shot for children, I am against any implementation of a mandatory shot to prevent Covid. It is not debatable that these shots DO NOT prevent disease. Covid is not a vaccine-preventable disease. For kids the risks outweigh the benefits, this is also not debatable. Children are at the very lowest risk of harm from contracting the disease and at unknown risk of future medical harm from taking the shot which has proven to cause significant bodily injury in a larger proportion of patients than any other "vaccine" in history.

I am a grandfather of 4 children who will be affected by this decision, and it is your duty to err on the side of caution for the future health of these children.

Leo G Michael

From: Rick Mertens
Sent: 3/4/2022 9:29:37 AM
To: DOH WSBOH
Cc:
Subject: Covid Shots for Daycare and K-12 Students in Washington



*attachments\52D20E07913A4064_2 Million Children Must Be
Jabbed_PRDTool_NAMETOOLONG.pdf*

External Email

I am a concerned citizen of Washington State and I am writing this message to the BOH urging you to ratify the TAG's recommendation against a mandate for Covid shots for daycare and K-12 students in Washington State. As time progresses, more evidence is being discovered that these shots cause more harm than good for this age group and are unnecessary. These shots are still categorized as experimental (EUA) and have not been approved for use by the U.S. government. I believe that in the near future more evidence will be uncovered via FOIA requests and other types of data analysis by experts that these shots were one of the worst human experiments in history. Please read the attached article for additional information. It is a short read and is just one small example of the data being revealed worldwide on this topic.

Richard Mertens

Sammamish, WA

425-466-0994

2 Million Children Must Be Jabbed to Prevent 1 ICU Admission

Analysis by Dr. Joseph Mercola

✓ Fact Checked

STORY AT-A-GLANCE

- › A cost-benefit analysis shows the COVID jab increases children's risk of dying from COVID infection. Children under 18 are also 51 times more likely to die from the jab than they are to die from COVID infection if not vaccinated
- › Four million doses must be administered to children, 5 to 11 years of age, to prevent a single ICU admission in this age group. Assuming two doses per child, that means 2 million children must risk potentially serious side effects to prevent a single child from requiring intensive care due to COVID-19
- › The Israeli Ministry of Health recently surveyed people who had received a third booster to determine the actual rate of side effects. Of the 2,068 interviewed individuals, 0.3% required hospitalization for an adverse event; three times more women than men (6.9% versus 2.1%) experienced neurological problems; 9.6% of women under the age of 54 experienced menstrual irregularities; 26.4% of those with preexisting anxiety disorder or depression experienced a worsening of their symptoms, as did 24.2% of those with preexisting autoimmune disorders
- › German health insurance data also show an alarming trend. After analyzing the medical data of 10.9 million insured individuals, one large health insurance company concluded that 400,000 doctors' visits could be realistically attributed to jab side effects. Extrapolated to the total population of Germany, the total number of jab side effects requiring medical care would be 3 million, about 1,000% higher than admitted by the German Ministry of Health

- Two autopsies of teenage boys who died within days of their COVID jabs revealed the shot caused their deaths

In mid-February 2022, the U.K. started rolling out the COVID jab for children aged 5 to 11. In the U.S., the shot has been recommended for this age group since October 2021.¹

The question raised in a Nick De Bois interview with Jamie Jenkins,² former head of health and labor market analysis at the British Office for National Statistics (above), is 'Why bother injecting kids this young?' The risk COVID-19 presents to children is minuscule.

What's more, the British Joint Committee on Vaccination and Immunization (JCVI) estimates that by the end of January 2022, 85% of children aged 5 to 11 already had natural immunity.³ Add to that the fact that the prevailing variant, Omicron, is far milder than previous strains, causing only mild cold symptoms in most people, including children.

Together, these three facts ought to make it clear that children don't need this jab. A cost-benefit analysis⁴ by Stephanie Seneff, Ph.D., and researcher Kathy Dopp, also shows the COVID jab actually increases children's risk of dying from COVID infection. Children under 18 are also 51 times more likely to die from the jab than they are to die from COVID if not vaccinated.

Bill Gates Saddened by Widespread Natural Immunity

Bill Gates has even gone on record acknowledging that Omicron is creating widespread immunity. What's so remarkable and revealing about his comment is the way he said it. He actually bemoaned the effectiveness of Omicron, as if it's a horrible thing, saying:⁵

"SADLY, the virus itself, particularly the variant called Omicron, is a type of vaccine, in that it creates both T cell and B cell immunity, and it's done a better job of getting out to the population than we have with vaccines."

As noted by Jenkins, “What’s so sad about that?”⁶

Four Million Doses Required to Prevent a Single ICU Admission

An astounding statistic Jenkins does bring up is that 4 million doses must be administered to children, 5 to 11 years of age, to prevent a single ICU admission in this age group.⁷ Assuming two doses per child, that means 2 million children must take their chances with serious and potentially lifelong side effects to prevent a single child from requiring intensive care due to COVID-19. How is this justified? As explained in Jenkins’ website:⁸

“JCVI has said that vaccination of children aged 5 to 11 years who are not in a clinical risk group would prevent a relatively small number of hospitalizations or intensive care admissions. For a variant like Omicron, it would take around four million vaccine doses to two million children to prevent one admission to ICU.

For less severe illnesses, 58,000 child vaccinations would prevent one-child hospitalization. Children admitted recently to hospital with COVID had an average length of stay of 1-2 days. The Omicron wave saw no more children in hospital than before Omicron hit the UK.”

Pfizer Backs Off Shots for Children Under 5

While vaccine makers and health agencies have been pushing forward with COVID jabs for babies as young as 6 months, parents with children under 5 can, for now, draw a sigh of relief, as plans to roll out shots for the under-5 age group have been suspended, at least temporarily.

February 11, 2022, Pfizer withdrew its U.S. Emergency Use Authorization (EUA) application for children under 5.^{9,10} According to the U.S. Food and Drug Administration and Pfizer, they want to collect more data on the effects of a third dose, as two doses did not produce expected immunity in 2- to 5-year-olds.¹¹

Three days later, former FDA Commissioner and current Pfizer board member Scott Gottlieb told CNBC¹² the EUA application was pulled because COVID cases are so low among young children that the shot couldn't be shown to provide much of a benefit.

Considering you have to give the jab to some 2 million children to prevent a single ICU stay, it's no wonder they can't show effectiveness in studies that have just a few thousand children. Pfizer's youth trial on 5- to 11-year-olds had just 2,268 participants, and only two-thirds of those received the real COVID jab.¹³

However, the OpenVAERS team suspects there may be something far more problematic behind Pfizer's withdrawal. In a February 21, 2022, email notice to subscribers, OpenVAERS stated:

"None of these explanations suffice because all of that information was known prior to Pfizer submitting this EUA to the FDA on February 1 [2022]. It makes one wonder whether adverse events in the treatment group might be the factor that neither Pfizer nor the FDA want to talk about?"

*So, we decided to look at reports of injury associated with COVID-19 vaccines in children 17 and younger. Remember, these shots have only been on the market for a short while and only children 5 to 17 are eligible. We created a separate page called **Child Reports** that will update automatically as new reports come in.*

We were shocked by what we found – 34,223 VAERS reports in the U.S. in this age range, including infants harmed through transmission from the mother via breast milk, lots of reports of kids receiving shots who were too young (either the parents lied about their age or the doctor/pharmacy made a mistake with screening or dosing), and heartbreaking reports of myocarditis and death."

Shocking Data From Israel Show Extent of Side Effects

While health agencies and mainstream media still insist that side effects from the COVID jab are "rare," real-world data show a different story. An English translation of the

report can be downloaded from Galileo Is Back on Substack.¹⁴ As noted in the report:

"On December 20, 2020, a vaccination program was launched in Israel using Pfizer's vaccine for COVID-19. By the end of March 2021, more than half of the population had been vaccinated with two vaccine doses.

The decrease in immunity over time and emergence of new variants led to a renewed increase in morbidity in Israel in the summer of 2021. By the end of July 2021, a third shot of the vaccine (booster shot) was authorized for everyone who had received two shots and at least five months had passed from the second shot.

From data collection by medical teams or self-reporting by the public of side-effects in temporal proximity (passive monitoring), it appears that there is underreporting; therefore, it is important to identify side-effects in temporal proximity to vaccination with the booster in an active manner via a dedicated survey.

General goals: To determine the frequency of side-effects which appeared within 21-30 days from vaccination with the third Pfizer shot (booster) against COVID-19 among citizens above 18 years of age.

Specific goals: Examine the prevalence of side-effects in temporal proximity to the third shot grouped according to age and gender. Examine the time of onset relative to administration of the vaccine and the duration thereof, and to compare it with the side-effects of previous vaccines."

In all, 2,894 people were contacted and 2,068 agreed to be interviewed (response rate: 71.4%). Of those 2,068 boosted individuals:

- 0.3% required hospitalization for an adverse event
- 4.5% experienced one or more neurological problems (2.1% of men and 6.9% of women), such as tingling or itching sensation, Bell's palsy, vision damage, memory deterioration, hearing damage, convulsions, loss of consciousness and more

- 9.6% of women under the age of 54 experienced menstrual irregularities. Of those, “39% suffered from similar side-effects after prior COVID-19 vaccinations; however most (67%) indicated that the side-effects waned prior to the third vaccination and returned after receiving it”
- 26.4% of those with preexisting anxiety disorder or depression experienced a worsening of their symptoms
- 24.2% of those with preexisting autoimmune disorders experienced exacerbation of disease

Between 6.3% and 9.3% of those with preexisting high blood pressure, lung disease, diabetes and heart disease also reported that their condition was exacerbated after the third booster. A small number of women, but no men, also reported herpes infections (0.4% for herpes simplex infections and 0.3% for herpes zoster). Other key take-home’s from this Israeli report are that:

- Side-effects are more common among women and younger people
- 1 in 10 women suffer menstrual irregularities
- Neurological side effects typically don’t appear until about a month after the jab
- In the majority of cases, the occurrence of a given side effect was not more severe after the third shot compared to the two previous doses. Put another way, the severity of side effects tends to be the same, regardless of the number of doses, so these finding can perhaps be applied to doses 1 and 2 as well

German Health Insurance Data Show Alarming Side Effect Rates

German health insurance data are also triggering alarms. Andreas Schöffbeck, a board member of a large insurance company called BKK ProVita, shared the data with Die Welt.¹⁵

They analyzed the medical data of 10.9 million insured individuals, looking for potential COVID jab side effects. To their horror, they found 400,000 doctors’ visits could be

realistically attributed to the jab. According to Schöfbeck, extrapolated to the total population of Germany, the total number of doctors' visits attributable to jab side effects would be 3 million.

"The number that resulted from our analysis are very far away from the publicly announced numbers [by the Ministry of Health]. It would be unethical not to talk about it," Schöfbeck told Die Welt, adding that the data are "an alarming signal." As reported by Die Welt (translated from German):¹⁶

"From January to August 2021 ... 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 ...

Thus, the number of vaccine side effects would be more than 1,000 percent higher than the PEI reports ... 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 ...

Since 'danger to human life cannot be ruled out,' he set a deadline of 6 p.m. Tuesday [February 22, 2022] to respond to his letter. As this passed, they turned to the public."

Autopsy Results in Teens Reveal Heart Damage

Getting back to the issue of children and the danger we're putting them in by giving them this shot, two autopsies of teenage boys who died within days of their COVID jabs revealed the shot caused their deaths. As reported by The Defender:¹⁷

"The three pathologists, two of whom are medical examiners, published their findings Feb. 14 in an early online release article,¹⁸ 'Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second COVID-19 Vaccine Dose,' in the Archives of Pathology and Laboratory Medicine.

The authors' findings were conclusive. Two teenage boys were pronounced dead in their homes three and four days after receiving the second Pfizer-BioNTech COVID-19 dose. There was no evidence of active or previous COVID-19 infection. The teens had negative toxicology screens (i.e., no drugs or poisons were present in their bodies). These boys died from the vaccine."

Histopathological examination revealed that neither of the boys' hearts had signs of typical myocarditis. Instead, what they found were changes consistent with catecholamine-mediated stress cardiomyopathy, also known as toxic cardiomyopathy.

This is a temporary kind of heart injury that can develop in response to extreme physical, chemical or emotional stressors. Another common term for this kind of injury is "broken heart syndrome." Hyperinflammatory states such as severe COVID-19 infection can also cause this kind of injury to the heart.

More details about the medical history of each of the boys and their autopsy findings are reviewed by Pam Popper of Wellness Forum Health in the video above. Curiously, neither of the boys had any symptoms of myocarditis before they died. One had complained of a headache and upset stomach. The other had not mentioned any symptoms. As noted by The Defender:¹⁹

"This is extremely concerning. These boys had smoldering, catastrophic heart injuries with no symptoms. How many others have insidious cardiac involvement from vaccination that won't manifest until they get a serious case of COVID-19 or the flu? Or perhaps when they subject themselves to the physical stress of competitive sports?

These findings suggest a significant subset of COVID-19 deaths in the vaccinated could be due to the vaccines themselves. Furthermore, it raises this

question: How often does this condition exist in a latent form in vaccinated individuals?”

Myocarditis Risk in Young Men Is Not Rare

U.S. Vaccine Adverse Events Reporting System (VAERS) data also raise questions about the risk of potentially lethal myocarditis, especially in boys. The following slide was presented during a June 23, 2021, meeting convened by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), to discuss the risk of myopericarditis.²⁰

As you can see, the observed rates of myocarditis and/or pericarditis for several age groups, and especially among males, are significantly higher than the expected background rate.

This is a loud and clear safety signal, yet the ACIP proceeded to recommend the shot to preteens and teens anyway, and in a public statement²¹ insisted that myopericarditis is “an extremely rare side effect” that “only an exceedingly small number of people will experience after vaccination.” How can they say that with data like this right in front of their noses?

 preliminary reports vaers

Based on this VAERS data, the rate of myocarditis is about 6.5 per 100,000 doses in 12- to 17-year-olds. Going back to where we started, 4 million doses are required to prevent a single child, 5 to 11 years of age, from being admitted to the ICU for COVID.

Assuming the rate of myocarditis in 5- to 11-year-olds is identical to that of 12- to 17-year-olds, we could potentially be looking at 260 cases of myocarditis for every ICU admission for COVID that we prevent. On the whole, the COVID jab provides only risk for children under 18, so there’s absolutely no justification for it.

From: Amy Molen
Sent: 3/2/2022 3:12:47 PM
To: DOH WSBOH
Cc:
Subject: Vaccination requirement for school attendance

External Email

Dear Washington State Board of Health Representative,

I am a parent to 3 young children (under 12) in the White River School District (Pierce County). I appreciate the need to keep our children safe in the school environment. There are many, many safety concerns to consider. But after 2 years of very difficult rules and regulations for our young children regarding COVID. I don't believe that this should any longer be the number #1 concern regarding our children. I think we need to find a way to carry on with "normal" life cautiously.

I believe that requiring the Covid Vaccine for young children is NOT NECESSARY! I am not opposed to the vaccine, I actually received it myself. I am not opposed to vaccinations for children. All of my children have received all their regular vaccines. But Covid is not killing nor hospitalizing children! My entire family was sick with Covid over Christmas break (my husband and I are vaccinated) and it was no more than a minor cold/flu. Now that we have had Covid studies show that natural immunity is much more powerful and longer lasting than the vaccine. So why do my children need to be vaccinated? I feel the possible long term affects to this very new vaccine could be far more damaging than very minisule possibility of death to covid. There is also a recent study confirming the vaccine is not actually effective on younger children. I would like to see another year at least of testing on this vaccine before it is administered to every child. I can see in the future it may be like receiving an annual flu shot and I think that is great! I do not believe in making it a requirement to attend school. I should have the choice as a parent if my child receives the vaccine and it should not be a vaccine OR education choice!

Thank you for hearing my concerns and I trust that you will consider these as you make choices for the families and communities you represent.

Sincerely,

Amy Molen

Buckley, WA

From: Kendra Meek
Sent: 2/28/2022 5:21:25 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: cuanabear
Sent: 3/3/2022 10:59:27 AM
To: DOH WSBOH
Cc:
Subject: FDA Emails Show that Agency Could Not Address Serious Safety Gaps in Clinical Trials of Childhood Vaccines

External Email

<http://paracom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LEGAL_U

<http://paracom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LU_110_

ICAN, through the efforts of its attorneys, obtained internal FDA emails showing that it carefully reviewed and considered its responses to ICAN's claims regarding the clinical trials relied upon to license childhood vaccines. Among other things, ICAN demanded an explanation for the fact that these clinical trials had too few children in the study, only reviewed safety for days or weeks, and virtually none of them included a placebo control.

Tellingly, when presented with information on just how little scientific study vaccines undergo before being recommended for injection into babies, Maureen Hess, the FDA's Special Assistant for Communication, admitted that she wondered to herself "how could this be."

Despite that, the FDA's incredible response was to lie and claim many of the vaccines did undergo placebo control studies even though the FDA's own licensure documents for each childhood vaccine show otherwise! Its response similarly failed to show proof that the safety periods exceeded mere days or weeks or that the studies were otherwise not underpowered (meaning, involved too few children).

Here

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LEGAL_U
are the emails just obtained showing the FDA's careful attention in responding to ICAN's letter to HHS. You can read the entire exchange with the HHS, including FDA's contributions, here

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LU_110_
. Note that for all of its internal debate and collaboration formulating an answer, this
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LU_110_
equivocal response is the best it could muster to support the over 70 doses of vaccines given to babies and children. It should deeply trouble all Americans, whatever their views on vaccines:

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LU_110_

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com/cimages/6ed6db3e1eb3a96745646184afe16998/LU_110_

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com>

To share this legal update, please use this link:

https://www.icandecide.org/ican_press/fda-emails-show-that-agency-could-not-address-serious-safety-gaps-in-clinical-trials-of-childhood-vaccines/

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com>

* * *

Employment Opportunity: A law firm that regularly represents ICAN has an opening for an attorney with litigation and/or civil rights experience. If interested, please send a resume, a short cover letter, and 2-4 writing samples to jenna@icandecide.org.

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com>

This message was intended for: cuanabear@protonmail.com
<<mailto:cuanabear@protonmail.com>>

You were added to the system October 2, 2020.

For more information click here

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fparacom.paramountcommunication.com>
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| Unsubscribe via email <<mailto:unsub-68130756032-echo3-6FC68288BBCFB93945D4E6DA7B6A27BB@emailsendr.net>?Subject=Unsubscribe&body=Please%20remove

<<http://paracom.paramountcommunication.com/imagelibrary/N-shMkKBHNI-5ED4E6874107A7DF1AADE6F43DB067AA.jpg>>

From: Kevin Johnson
Sent: 3/3/2022 2:27:39 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I Respectfully urge you to ratify the TAG's recommendation against a mandate for our children to a mandatory vaccination. Children are some of the most resilient humans on the planet and I fully attest to my three kids having Covid last April of 2021 and having nothing more than flu like symptoms (for only 2-3 days at the most). Please don't destroy my kids natural immunity to Covid and other related illnesses.

Thank you

Kevin Johnson
(425)248-7511
Sent from my iPhone

From: TROY W MORROW
Sent: 3/4/2022 7:58:58 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates for Washington Children

External Email

I respectfully urge you, the BOH, to ratify the TAG's recommendation against a vaccine mandate for our children.

For one, these vaccines, though commonplace, are still experimental. We do not truly know the long-term effects of these vaccines and there is no way of knowing those effects until the long-term has happened (time is the only way to know). Statistically our children are not in imminent danger from this virus. Our children are, however, our future. Protect that future from experimentation and unknown outcomes.

In addition, the vaccines are showing less and less effectiveness in protecting individuals from the new COVID 19 variants. When something is proving to be ineffective, as time goes by, why would we continue to push that "cure" when in fact it is not a cure at all? The cost to benefit ratio is drastically waning. The recent Omicron variant is a perfect example of lack of effectiveness, as clearly both fully vaccinated and non-vaccinated were becoming ill and transmitting the virus. However, Omicron also showed us that the virus itself is becoming weaker, more like a common cold or flu, which is good news and allows us the ability to pause and re-evaluate these last two years and our futures from a place of discernment and not from a place of fear. Though there is much we do know, if we're honest there is so much more we still do not know. Pause and regroup to find the truly best way to be effective.

Since we can now act from a place of reason and reflection instead of fear and desperation, I implore you to ratify the TAG recommendation on the account that you value our children and our future and you want what is best not only for the short-term, but also for the long-term. We need time to decipher what is truly best. Please do not mandate an ineffective vaccine for a generation that is not in imminent danger while we still have so many unknowns.....ratify TAG's recommendation against a mandate for our children.

Thank you for your time and consideration.

Respectfully,
Corrine K. Morrow
Mother of 4, teacher and Washingtonian

From: lukesgang@comcast.net
Sent: 3/4/2022 10:24:06 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

COMMENTS FOR 3/9/2022

AGENDA ITEM 9 – RULE MAKING PETITION

PLEASE ACCEPT THE PROPOSED RULE CHANGE OF ALLOWING ONLY PRODUCTS THAT HAVE MET PHASE 3 CLINICAL TRIALS AND HAVE RECEIVED FULL FDA APPROVAL, NOT JUST EMERGENCY USE APPROVAL

gENERAL COMMENT

EVEN THOUGH IT IS NOT ON YOUR AGENDA, I SUPPORT THE MANY COMMENTS YOU HAVE RECEIVED THAT STATE THERE IS NO JUSTIFICATION TO ADD COVID-19 VACCINATIONS TO THE REQUIRED SCHOOL/CHILDCARE SCHEDULE. YOUR OWN TAG TEAM VOTED AGAINST THIS RECOMMENDATION, AND IF YOU LISTEN TO MUCH OF THE DISCUSSION, IT IS SUPRISING THE VOTE WAS AS CLOSE AS IT WAS. ALMOST ALL TAG MEMBER EXPRESSED CONCERN ABOUT PUBLIC ACCEPTANCE, REALITY REQUIREMENT WOULD ADD LITTLE TO LIMITING COVID-19 IMPACTS, AND CAUSE SIGNIFICANT DRAIN ON MEDICAL AND SCHOOL RESOURCES TO PROCESS THE LARGE NUMBER OF EXEMPTIONS THAT WOULD BE SUMMITTED BY FAMILIES. IF AND WHEN YOU ADDRESS THIS ISSUE, PLEASE LEAVE THIS DECISION UP TO FAMILIES AND THEIR HEALTH CARE PROVIDERS.

BOB ROGERS

229 W WYANDOTTE AVE

SHELTON, WA

From: cuanabear
Sent: 3/3/2022 10:57:45 AM
To: DOH WSOB
Cc:
Subject: Experimental gene altering injections

External Email

PFIZER'S POST MARKETING DATA SHOWING KNOWLEDGE OF SAE'S
<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0fb8753cd43a4edcf74008d9fd47b2a2%7C>>

Sent with ProtonMail
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0fb8753cd43a4edcf74008d9fd47b2a2%7C>>
Secure Email.

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

On Thursday, March 3rd, 2022 at 10:54 AM, cuanabear <cuanabear@protonmail.com> wrote:

If you don't know by now that these ILLEGAL (according to the Constitution of the United States) experimental gene altering injections that cause severe injury or death are COMPLETELY INAPPROPRIATE for a population with a less than .003% death rate even WITHOUT treatment, you're either sleeping or truly compromised at the expense of the people you are sworn to protect.

We know that the mandate isn't law.
We know that the mandate cannot become law unless voted on by the people.
We know the dangers and death these injections cause.
We know all the countries that are stopping the injections because they are neither safe OR effective.
We know that there are currently global grand jury meetings on crimes against humanity ongoing.
If you don't want your name added to the list of defendants, you might want to defeat this bill.
THE PEOPLE ARE WATCHING. CHOOSE WELL.

Sent with ProtonMail
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0fb8753cd43a4edcf74008d9fd47b2a2%7C>>
Secure Email.

From: Jerry Snyder
Sent: 3/3/2022 4:18:46 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID vaccines for our babies- NO!

External Email

Dear Washington state members of the Board of Health,

PLEASE do not mandate the covid vaccines for our children. I have heard of too many vaccine injuries to believe they are safe.

My own 19-year-old grandnephew was rushed to the ER just hours after his vaccine. He was paralyzed and could not breathe.

His doctor admitted that he actually contracted covid 19 from the vaccine. He has now been disabled for about 10 months. His whole life is ahead of him, but he is still disabled. He has inner ear damage which affects his balance and so cannot drive a car. He still has trouble breathing and cannot work at this time.

There needs to be much more testing and working on these vaccines before they are safe for anyone and especially our children! Thank you for your consideration.

Jerry and Karen Snyder
Karen: 253-838-0400
Jerry: 253-886-1015

"Let us hold fast the profession of our faith without wavering; (for he is faithful that promised;)"

Hebrews 10:23

From: Jay Jay

Sent: 3/3/2022 11:15:39 PM

To: DOH

WSBOH,Keith.Grellner@wsboh.wa.gov,Tom.Pendergrass@wsboh.wa.gov,Elisabeth.Crawford@wsboh.wa.gov

Cc:

Subject: Covid-19 vaccine requirement for school

External Email

To the members of the WA State Board of Health,

We The People of WA State have a lot of understanding for the challenges that come with being in a leadership position during a time like this, when the goals of the State do not align with the will of The People. We The People of WA State are fully capable of making decisions in the best interest of our own children. .

What about the kids who have auto immune disorders? Kids who have overcome cancer and have weakened immune systems? Kids who have the anti-bodies, that in receiving the shot, could result in their immune system going into overdrive? Does the State accept liability for the side effects and deaths? This is so wrong. Some kids would go to school, and some wouldn't, depending on whether they receive this shot or not. Or they'd have to jump through hoops in order to stay in school unvaccinated. This is ridiculous. Clearly there is a lot of division right now in WA State.

This vaccine has NOT been studied long term. Its effects are not fully known, and the adverse side effects that WE HAVE seen, are very concerning. Furthermore, we know that children are not highly affected by Covid-19 at life-threatening levels, that the symptoms are fairly mild for them, and they fully recover. Why would you require a risky vaccine of them? Why would you do that?!

As parents and grandparents, God has trusted us with the lives of our children, and in working with honest healthcare professionals, WE the parents will make the best decisions for our children! These healthcare decisions are NOT the role of the State. You need to oppose a Covid-19 vaccine requirement in order to attend school. Let the power be held in the hands of the parents. If you truly were doing the best thing for our children and our community, this vaccine requirement would not be upheld! I urge you to ratify the TAG's recommendation against this vaccine requirement! Give us the freedom to make our own healthcare decisions for our own children, without risk of repercussions.

Respectfully and Sincerely Submitted,

Mrs. Bond

From: mandmking@msn.com
Sent: 2/28/2022 11:14:02 AM
To: DOH WSBOH
Cc:
Subject: Vaccines are not the answer

External Email

Institutional medicine has lost it's credibility! Pushing vaccines that cause injury, future cancer threats, death to healthy recipients is immoral. Covid vaccines given to extremely low risk children is immoral. Myocarditis was rarely a topic before covid vaccines. A paper trail has been established proving the financial backing and bias for profit over effective early treatment protocols. The censorship of early treatment protocols has been deadly worldwide.

You must immediately stop any Covid vaccine requirements in Washington State. Your names will be repeated as supporting these for profit/damaging experimental medical treatments forced on Washington through unnecessary coercive tactics if you continue. Please give Governor Jay Inslee an unbiased report for the best medical course of action.

Please see internet link for proof of bias and censorship by JAMA that was published and circulated worldwide:

https://pierre.kory.substack.com/p/the-disinformation-campaign-against?utm_source=url

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpierre.kory.substack.com%2Fp%2Fthe-disinformation-campaign-against%3Futm_source%3Durl&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6bcd6418e4bb4b6b78fe08>

Vaccines are not the answer unless your trying to reduce the population or make a profit with stocks in pharmaceutical companies.

With respect,

Matthew King
Auburn, Wa

From: DS
Sent: 3/3/2022 2:48:02 PM
To: DOH WSBOH
Cc:
Subject: Covid shots

External Email

Many of us are concerned that your group is intending to ignore the TAG's recommendation against a mandate for covid shots. Our young are victims in the making of adult negligence and overreach. The DOH crowd pushing this are strangers who lack integrity or at least basic understanding of the un-necessity of Covid Shots. This is a curable illness. Your agency is known for bandaid remedies and perpetuating problems to keep employment opportunities for the ones who are failing public health. Keep this up, you will stand ashamed at all the suffering you allowed. Even worse, pushing things on people who don't respect your worldview. Mandatory shots is medical abuse. Child abuse takes it to another level. Please remember you will have to explain why you ignored the urgings of concerned parents and instead followed corrupt, evil dictators. Will you bear that same name in history?

Sincerely,
Parent of 12 year old... worrying about all the confused falling for this.

From: Singleton Chiropractic
Sent: 3/3/2022 2:40:53 PM
To: DOH WSBOH
Cc:
Subject: school vaccines

External Email

Stop a minute! Why are you considering this? Why? Please remember as you read this kids have FEWER side effects and symptom severity THAN ADULTS. Why are you considering something which a large majority of ADULTS don't even have SYMPTOMS with and nothing happens to them? NOTHING. For those who have symptoms MORE THAN THAT OF A GENERAL FLU VIRUS, the survival rate is nearly 97%. FOR KIDS, IT IS NEAR 100%!!! Why are you doing this? Why are you considering MANDATING something still experimental (it has been out 15 months and trials of these things usually take 3-5 years to complete!) to little kids who A) most likely will not even get symptoms if they contract the virus and B) Will not be seriously or permanently harmed in ALMOST ALL CASES!! Why would you impose this on parents and their families? It just is not necessary.....AT ALL. If you do this, my family and many other like-minded in my community will take our kids out of public school permanently and/or move out of state. We will never support another school levy or bond, and we will never vote for anything which supports school boards, WA education system or levies/taxes to "help our kids."

Ron Singleton DC
Wenatchee, WA

From: Lidia Pauline
Sent: 3/3/2022 1:44:34 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccine requirement Attached - Safety Information Published by JAMA on 1/25/2022



attachments\896950F17ACA4A3D_Screen Shot 2022-02-11 at 11.35.51 AM.png



attachments\A21C4E4F670C41FE_image.png



attachments\BC16EB481FED4EED_image.png



attachments\837CF83F22C1492B_Screen Shot 2022-02-16 at 10.10.46 AM.png

External Email

□Dear Board of Health,

I am writing to you to respectfully ask you ratify TAG's recommendation against the COVID 19 mandate for schools. As we have seen over the last two years this virus has a extremely low infection rate on our children. Recently, with the vaccine coming out we've also seen some alarming side affects on our children.

Please see the attached information that has been released regarding the Safety concerns published by the Journal of the American Medical Association regarding the alarming rates of Myocarditis post Covid 19 vaccination with even higher risk during the second round of vaccination. Myocarditis is defined as : "inflammation of the heart muscle"

The CDC is also monitoring this alarming correlation as you can see on their website :

- Overview of Attached JAMA Study -

Journal of the American medical Association - aka JAMA
Published - January 25, 2022
Overview - Study of myocarditis post mRNA vaccinations

Date Range - December 2020 to August 2021

PG 2 - KEY POINTS : " Increased Risk of Myocarditis across multiple age and sex "

PG 5 - Figure 1 - Showing Peak Rates of Myocarditis in ages of 14-18

Figure 2. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Time From Vaccination to Symptom Onset

Please Note Data Considerations

vaccination - Data observed covers only the 7 day period post

- Cases of Myocarditis past the 7 day reporting window will not be accounted for in this report.

- 12-17. The expected cases were .53 per million where the actual reported cases (in 12 to 15) was 70.7 per million.

- In 16 to 17 year olds they estimated 1.34 cases per million after the second vaccine the actual reported was 105.8 cases per million.

Limitations to Consider :

- VAERS data are also subject to reporting biases in that both underreporting and over-reporting are possible,

- Actual rates of myocarditis per million doses of vaccine are likely higher than estimated.

- End of Study Info -

Please take a moment to reflect upon the responsibility we have as parents to keep our children safe. The potential risks far out weigh the benefits of this experimental vaccine. If even one of our children had this side affect that is one too many.

With the State's unconstitutional Mandates they have placed on the Staff and have imposed on our family, we are actively searching out alternative educational routes for our children. We are searching for a healthier environment for their freedom of facial expression and for our freedom of the privacy of our families' health decisions.

Thank you for your time & consideration of this information. I hope your position & influence can be used to make smart decisions for the future of education for our children while empowering families to make their own private health decisions.

Lidia Pauline

From: Candace Hulse
Sent: 3/4/2022 5:21:53 AM
To: DOH WSBOH
Subject: Vote No on Children's Vaccine

External Email

Vote No for Vaccines for children!

I have watched your meetings and TAG meetings. I noticed most all your graphs and charts were very biased. That was a shame. One of the issues that hit me hard was how many of the members at these meetings repeatedly said there wasn't enough information or there weren't studies on the younger students, daycare and younger age groups, because so few have actually been hospitalized or contracted a very bad case of Covid. Right there tells you that MOST children are not affected, and won't be affected by Covid. We do know that.

Again. Look up Gabbi De garay. The little girl you don't hear about who was in the trials. She is in a wheel chair and was using a feeding tube!

Do you want the responsible of that same harm done to children! Let them be and let them carry their natural herd immunity to future generations.

Thank you for your time,
Candy Hulse
425-417-4290
Kirkland Washington

Sent from my iPhone

From: Rick Vermeers
Sent: 3/3/2022 10:50:06 AM
To: DOH WSBOH,info@onewashington.com
Subject: Re: Board of Health

External Email

The information that you provided gives links to the present Code, however it does not provide timely information as to the proposed changes to Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry

Provision of this information on Friday for a Meeting on Monday does not give adequate time for participants to prepare for the meeting. It is not believable that this information does not exist because the "request" has existed for month. Your reply does not provide a timely response.

My detailed request is to provide:

All proposed changes to Chapter 246-105 WAC

All information concerning the requesting parties and all emails or other correspondences regarding those requests.

All written justification for the request.

If all information requested above cannot be provided to all potential meeting attendees, by 5:00 on Friday March 4, then I request that any action on Agenda Item 9 be postponed until such information can be provided to all potential attendees. It is reasonable to assume that a potential attendee would be defined as any attendee at the last regular meeting of the State Board of Health, January 12, 2022 and any attendees who have additionally registered for the March 9, meeting of the Sate Board of Heath.

I repeat that, provision of the detailed information even by Friday March 4, at 5:00 is not timely, given the importance of any subsequent decision. I submit that this timing specifically designed to deprive attendees of adequate time to consider the changes to the WAC and, subsequently comment on them.

I formally ask that my above request and associated comments be read into the March 9, meeting record.

On Mar 2, 2022, at 10:53 AM, DOH WSBOH <WSBOH@SBOH.WA.GOV
<mailto:WSBOH@SBOH.WA.GOV> > wrote:

Hello,

Materials for the upcoming March 9 meeting will be available Friday March 4 by 5:00 p.m. here:<https://sboh.wa.gov/meetings/meeting-information/meeting-information/materials/2022-03-09>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fmeetings%2Fmeeting-information%2Fmeeting-information%2Fmaterials%2F2022-03-09&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1e7ef2efa300496059d508d9fd46a0f0%7C11d0e21726>

Best regards,

Nathan Thai
Communications Consultant
Washington State Board of Health
Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>
360-463-8928
Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>
, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8>
, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>

From: Rick Vermeers <rlvermeers@mac.com <mailto:rlvermeers@mac.com> >
Sent: Wednesday, March 2, 2022 9:01 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV <mailto:WSBOH@SBOH.WA.GOV> >
Subject: State Board of Health Information Request

External Email

Please send me copies of all documents that will be discussed at the March 9,
Board meeting regarding the following Agenda Item:

9. Rulemaking Petition – The Board has received a request to adopt a new rule
in Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible
Action

There were no links for this item published in the Agenda. Was this an oversight
or was this intentional?

From: Annemarie Kebre
Sent: 3/3/2022 8:30:56 PM
To: DOH WSBOH
Cc:
Subject: Please Ratify TAG's Recommendation not to mandate C19 shots for Daycare, K-12

External Email

Dear Members of the Washington State Board of Health,
I urge you to ratify TAG's recommendation not to mandate the C19 shots for daycare facilities, K-12.

The VAERS database, which under reports, shows 1 in 40 had adverse reactions. Myocarditis in young men, especially, is up over 300%! Herd immunity has almost completely been achieved. Truly healthy children are not dying, and asymptomatic spread has been discredited. This shot is still experimental and since inception of the mandates, has not brought down the death rate. There are many more questions that must be answered before we require this still experimental shot for the children.

Thank you for your time.

Sincerely,

Annemarie Kebre

From: lukesgang@comcast.net
Sent: 3/4/2022 10:13:48 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

COMMENTS FOR 3/9/2022

AGENDA ITEM 9 – RULE MAKING PETITION

PLEASE ACCEPT THE PROPOSED RULE CHANGE OF ALLOWING ONLY PRODUCTS THAT HAVE MET PHASE 3 CLINIAL TRIALS AND HAVE received FULL fda APPROVAL, NOT JUST EMERGENCY USE.

gENERAL COMMENT

EVEN THOUGH IT IS NOT ON YOUR AGENDA, i SUPPORT THE MANY COMMENTS YOU HAVE RECEIVED THAT THERE IS NO JUSTIFICATION TO ADD COVID-19 VACCINATIONS TO THE REQUIRED SCHOOL/DAYCARE SCHEDULE. YOUR OWN TAG TEAM VOTED AGAINST THIS RECOMMENDATION, AND IF YOU LISTEN TO MUCH OF THE DISCUSSION, IT IS SUPRISING THE VOTE WAS AS CLOSE AS IT WAS. aLMOST ALL MEMBERS TO THE TAG GROUP EXPRESSED CONCERN ABOUT PUBLIC ACCEPTANCE, REALITY IT WILL ADD LITTLE TO LIMITING COVID-19 IMPACTS, AND CAUSE SIGNIFICANT DRAIN ON MEDICAL AND SCHOOL ADMINISTRATIVE TIME TO PROCESS THE LARGE NUMBER OF EXEMPTIONS THAT WOULD BE SUBMITTED.

bOB ROGERS

229 w wYANDOTTE aVE

sHELTON, wa

From: Dennis Munsterman
Sent: 3/3/2022 6:20:18 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

Hello,

I am requesting that you follow the Technical Advisory Group advice and not require vaccination for children K -12.

The statistics on Covid show that young children are at very low risk of getting a bad bout of Covid and that the vaccine wears off in short order and some children have adverse reactions to the vaccine; therefore, this vaccine should not be required for children to attend school.

Thank you for reading my concerns.

Dennis Munsterman

Tacoma

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: Carolyn Wylie
Sent: 3/3/2022 12:33:55 AM
To: DOH WSBOH
Cc:
Subject: Ratify TAG's recommendations

External Email

Please follow the recommendation to NOT mandate COVID-19 shots for school children. More and more evidence is coming out showing that these injections have serious side-effect risks. Children are more at risk of harm by these vaccines than they are by COVID.

Thank you for your consideration.

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Susan Groller
Sent: 3/4/2022 10:00:16 AM
To: DOH WSBOH
Cc:
Subject: No to COVID vax mandates for kids

External Email

Dear Board of Health,

With the JAMA

[illegible]

Susan Groller
parent, WA state resident and voter

—

From: Michelle Anderson
Sent: 3/2/2022 10:05:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comments

External Email

Regarding WAC 246-100-040 (a). You have NO RIGHT TO IMMUNIZE ANYONE AGAINST THEIR WILL!!

You need to REMOVE "IMMUNIZE" from the language!! Quarantine for up to 10 days?, Up to 30 days with court order and more than 1 doctor approval, OK.

DEFINITELY NOT IMMUNIZING ANYONE AGAINST THEIR WILL!!

This is a violation of our civil rights and will be turned over in a higher COURT! You cannot make rules that violate the law!

YOU WILL NOT BE IMMUNIZING OUR CHILDREN AGAINST THEIR or OUR WILL!

We are the parents and have the FINAL say! You do NOT have approval and will be sued and lose your jobs for it!

PARENTS have the LAST word on it!

Please use the common sense that GOD gave you and look at the big picture and future generations.

The only way for evil to win, is if good people do nothing.

Please remove the immunize verbage from the text.

Thank you!

You are all doing a wonderful job! You don't really need all these extra rules, when it really is for the good of the people, it wont need a rule. Most people will do what is right. You might not agree, but it is free will.

From: Darleen Christopher
Sent: 3/4/2022 9:35:08 AM
To: DOH WSBOH,Seattle Public Schools
Cc:
Subject: Photo from Twitter



attachments\0083188393C64B10_Image-1.png

External Email

Sent from my iPhone

From: Testify Online Survey
Sent: 3/2/2022 8:46:25 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 9th

2.

Agenda Item or Issue:

Mandatory COVID Vaccines for students

3.

Your Name:

Brenda Dutton

4.

Do you have a professional title?

1. Yes

I have a BA I'd education, MS in Sped and a principal certificate

5.

Are you representing an organization?

2. No

6.

Address:

25713 E Longfellow Ave Newman Lake, WA 99025

7.

Email:

Brenda4aa@hotmail.com

8.

Phone Number (Include Area Code):

509-209-4889

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have been working in a building since 2020 where preschoolers do not wear masks. We have had zero deaths in the building, our children rarely show symptoms. Our teachers have been healthy and have gotten over Covid very quickly. There is no reason to mask children or mandate vaccines for a virus that is on its way out and never really hurt children in the first place.

10.

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

1. Yes

Mandatory student Vaccines for COVID

11.

Are you Pro or Con on the proposal?

2. Con

Covid is becoming less and less dangerous. Even when it first came out in 2020 our students were relatively unaffected. They would have flu like symptoms and be back to school very quickly. Now the virus is mild. It's not an emergency. The COVID vaccine is new and it concerns me that anyone would mandate a new vaccine without the proper testing time, especially for children. Let's not forget the fact that people who get the vaccine are getting Covid like wildfire, and can also spread Covid. The vaccine doesn't work. Why on earth would anyone mandate a vaccine that doesn't work. It's time to let it go. Whether or not the main stream media in our governor want to admit it, there are side effects to the vaccine. As the mother of a son, I would never give my child is vaccine. The heart issues alone scare me to death. Mandating vaccines and masks are violating state and federal constitutions. Parents have overwhelmingly let boards know that they do not want this. The small number parents who do want this are able to do so. Furthermore, if the governor and the Board of Health continues in this manner it will completely destroy the public school system. Parents will pull their children from public school. School boards have been terrorized by the governors threats and intimidation. This is not American! This has to stop now. Please do not mandate a new experimental medicine for the children of WA. These decisions are beat made by families and doctors. Not the government. Please stay in your lane and listen to the people.

From: Kylee Wilman
Sent: 3/3/2022 11:09:02 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Board of Health,
The Covid vaccine should not be added to the vaccine schedule for kids. There will be so many families that pull their children from public schools if this requirement is made. Studies are showing the vaccine only protected 12 percent of children who received it. Beyond that children are not being effected by this virus like adults. Please protect our rights and our children by voting no on this decision like the TAG group did.

Kylee Walker

From: margaret nartea
Sent: 3/4/2022 8:29:55 AM
To: DOH WSBOH
Cc:
Subject: NO MANDATED COVID SHOTS

External Email

Respect the vote of the TAG and do not move forward with installing these shots as a condition of attending school/daycare.

Children are at minimal risk from Covid
Children are not spreaders of Covid
Risks higher from these injections than from Covid
Covid is not a childhood disease

From: Kahler, Kelie (SBOH)
Sent: 3/3/2022 7:52:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comments

From: Michelle Anderson <shellies4@netzero.com>
Sent: Wednesday, March 2, 2022 10:10 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Public Comments

External Email

Regarding WAC 246-100-040 (a). You have NO RIGHT TO IMMUNIZE ANYONE AGAINST THEIR WILL!!

You need to REMOVE "IMMUNIZE" from the language!! Quarantine for up to 10 days?, Up to 30 days with court order and more than 1 doctor approval, OK.

DEFINITELY NOT IMMUNIZING ANYONE AGAINST THEIR WILL!!

This is a violation of our civil rights and will be turned over in a higher COURT! You cannot make rules that violate the law!

YOU WILL NOT BE IMMUNIZING OUR CHILDREN AGAINST THEIR or OUR WILL!

We are the parents and have the FINAL say! You do NOT have approval and will be sued and lose your jobs for it!

PARENTS have the LAST word on it!

Please use the common sense that GOD gave you and look at the big picture and future generations.

The only way for evil to win, is if good people do nothing.

Please remove the immunize verbage from the text.

Thank you!

You are all doing a wonderful job! You don't really need all these extra rules, when it really is for the good of the people, it wont need a rule. Most people will do what is right. You might not agree, but it is free will.

From: Emily Reyes
Sent: 3/4/2022 10:22:09 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Washington State Board of Health,

Our state government should not enact laws to arrest or detain people who do not want to receive COVID-19 testing or vaccinations. These actions are unconstitutional because they withhold legal due process, and with a 99.98% recovery rate, they are unnecessary.

Additionally, our state government should not mandate COVID-19 vaccinations or gene therapy for anyone, especially children. This is a personal decision between the individual and their health care provider.

Sincerely,
Emily Reyes, Washington state citizen

From: Katie
Sent: 3/3/2022 8:35:02 AM
To: DOH WSBOH
Cc:
Subject: TAG meeting

External Email

I am a mother of 3 public school children. I respectfully ask that you ratify the TAG's recommendation against requiring the COVID-19 injection for our school children.

I listened to all the meetings and heard the overwhelming voices saying that this is a moving target. And the huge burden this would place on our schools nurses, staff and parent/caregivers is not acceptable at this time.

Our children, parents and communities need healing emotionally and mentally. If this requirement passes it would further flame the fire of divisiveness. Now is not the time for this.

At this time there is no published literature on the vaccine effectiveness in K-12 schools. And for the age groups 5-15 the vaccine has not yet been fully approved by the FDA.

Respectfully
Katie Christianson

Sent from my iPhone

From: Dimitry Davydow
Sent: 3/3/2022 12:04:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello.

I would like to offer comments regarding the upcoming March 9 WA Department of Health Board Meeting during which it is my understanding that there will be discussion and a vote by the board on whether to require mandatory SARS-Cov-2 vaccination for all school-age children to be able to attend schools in the state.

If I may be allowed to provide a brief introduction to provide context, in addition to being the father of two schoolchildren in WA and fully vaccinated as well as "boosted" against SARS-Cov-2, I am a practicing physician and a 2011 graduate of the University of Washington (UW) School of Public Health (MPH degree).

Additionally, I have 51 peer-reviewed journal publications that have been cited nearly 4,000 times, have served on the editorial board of two peer-reviewed clinical research journals, and have been a peer reviewer for numerous journals including the New England Journal of Medicine, the Journal of the American Medical Association (JAMA), the American Journal of Respiratory and Critical Care Medicine, the Lancet Respiratory Medicine, Pediatrics, Critical Care Medicine, the Annals of the American Thoracic Society, and the Journal of General Internal Medicine, amongst many others.

At this point, I would like to state that my comments in no way represent the UW School of Public Health, any of the journals that I have had my work published in or reviewed for, or my employer. The views that I express here are purely my own.

My careful review of the existing evidence behind the mRNA-based vaccinations against SARS-Cov-2 leads me to conclude, and advocate, that the WA Department of Health Board should vote AGAINST mandating these vaccinations in children, adolescents and teenagers in WA as a condition of being able to attend schools in the state.

There are several factors here that should create concern and should pause any efforts to mandate these vaccinations. These factors include, but are not limited to:

1) Lack of transparency regarding availability of raw data allowing for independent evaluation of vaccine safety and efficacy as noted in the British Medical Journal (BMJ); 2) Evidence of short-term negative health effects (i.e., myocarditis) in youth (especially adolescent boys) with unknown long-term health consequences associated with myocarditis in youth, all strongly associated with mRNA vaccination, as confirmed by a peer-reviewed study authored by the CDC that was published in JAMA last month; 3) unknown long-term health consequences of repeated vaccination early in childhood and potential associations with risk for autoimmune diseases later in life due to lack of available studies with sufficient statistical power; and 4) relative lack of serious acute or long-term health effects due to COVID-19 among immunocompetent children, adolescents, teenagers and young adults.

While vaccination for known, long-established serious diseases of childhood (e.g., measles, mumps, rubella, tetanus, diphtheria) previously known to lead to early mortality is essential and vital, all of the above factors contribute to my conclusion that

at this time, the potential risks of adverse effects of mRNA vaccination against the SARS-Cov-2 virus in immunocompetent children, adolescents and teenagers outweigh the potential risks of adverse effects do to SARS-Cov-2 infection and COVID-19 illness in this same population.

Given that the WA DOH Board is charged with shaping health policy, I would strongly advocate that the Board make health policy that is grounded firmly in existing data, weighing what is known about the relative potential risks of both courses of action, and free of political pressures.

Sincerely,

Dimitry Davydow, MD, MPH

From: franheal100
Sent: 3/3/2022 9:26:26 PM
To: DOH WSBOH
Cc:
Subject: Let's protect our future generation together ☐☐

External Email

Dear WA BOH,

I send this brief letter to urge you to support the recommendation of the TAG - do not add the C19 gene therapy shot to the childhood vaccination schedule and let's protect our future generation!

Your understanding in this crucial matter is highly appreciated!

Fran Sohraby

Sent from my Galaxy

From: Katrina Mason
Sent: 3/4/2022 10:55:57 AM
To: DOH WSOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern,

Please read carefully the Pfizer documents, link provided:

<https://phmpt.org/pfizers->

[documents/?fbclid=IwAR1WtsBt82YySyP7_v7hQd8d10SKFSjGAve1EHaQ-7nMxYqir2F-VTdp5jc](https://phmpt.org/pfizers-)

[<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fpfizers-
documents%2F%3Ffbclid%3DIwAR1WtsBt82YySyP7_v7hQd8d10SKFSjGAve1EHaQ-
7nMxYqir2F-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fpfizers-)

[VTdp5jc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfc0c7148df7946d8308608d9fe10831a%7C11d0e](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fpfizers-)

Before making a final determination about covid shots requirement for school attendance. Included in the Pfizer documents is several pages of known serious adverse reactions, including death. It is becoming increasingly clear to many Washington concerned parents that the covid shots are neither safe nor effective. The covid shots are under EUA, thus informed consent is imperative. Even if the FDA were to approve the covid shots, there is an increasing body of evidence to suggest that the covid shots do not stop or decrease transmission of covid. Additionally there is an increasing body of evidence to support the growing number of people who have been permanently harmed and/or died following covid shot injections. Check out CDC VAERS report for details on growing numbers of serious adverse reactions and deaths. Please vote no to requiring covid shots for students. Thank you.

- Katrina
Parent of 3 public school students

Sent from Yahoo Mail on Android

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

From: Misha Stewart
Sent: 3/3/2022 1:55:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - K-12 COVID Immunization Requirements

External Email

Good Afternoon!

I am writing once again to beg you not to include the COVID shot in the K-12 Immunization Requirements. This shot cannot even be called a vaccine, as it has been proven time and again not to prevent transmission. At this point in the pandemic, there has been ample opportunity for those who would like to be vaccinated to do so. In addition, we have been through several surges that have provided natural herd immunity to a large percentage of the population. We are no longer at risk as a society of collapsing under the weight of this virus, as is evidenced by the MANY states and school districts that are currently dropping mask mandates.

The time for mandates and heavy handed governmental control is long past. It is now time to start rebuilding TRUST with parents who feel as though their children's overall well being and mental health have been tossed aside in order to pander to the fear of grown adults. Our children should NEVER have been asked to bear this burden, as we have never before in history tasked children with being responsible for protecting adults.

Please do the right thing, and leave this up to individual families to make the best decision for themselves and their children. Please do not justify this by claiming that families are able to apply for exemptions - this puts an unnecessary burden on families, and will not produce the results that you are hoping for. Instead of bowing to this mandate, parents will withdraw their children in record breaking numbers. Our state's enrollment is already hemorrhaging students due to the way COVID has been handled thus far by OSPI and the BOH. Please do not force the hand of those of us who have tried to wait this all out, and make us pull our children out as well. This will unfortunately be the final straw. :(

Thank you,

-Misha Stewart-

From: Testify Online Survey
Sent: 3/4/2022 8:50:36 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid vaccine

3.

Your Name:

Brent Erickson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

8420 166th st CT nw Gig Harbor WA 98329

7.

Email:

Brent@erickson-construction.com

8.

Phone Number (Include Area Code):

2539063120

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

My children have handles covid just fine and do not need a vaccine to protect them from getting it again. We all know kids who have already been harmed by this vaccine so it makes no sense as to why you'd push this on anyone. I 100% appose this issue!

From: noods moods
Sent: 3/1/2022 9:53:53 AM
To: DOH WSOB
Cc:
Subject: Covid

External Email

Hello,

It is time to end the Covid emergency in Washington State.

It is time to remove all vaccination requirements and passes from schools. We have so many folks that want to volunteer, who have volunteered in the past, and who currently cannot come back to the school. Even to stand outside during recess. The children are suffering due to these policies, parents just want to help.

The link below was released yesterday and clearly states the vaccinations aren't effective for kids. What science are we following? Are we expected to vax children every year with boosters for what "experts" are saying will turn into a common cold?

<https://www.cnn.com/2022/02/28/pfizer-covid-vaccine-was-just-12percent-effective-against-omicron-in-kids-5-to-11-study-finds.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2022%2F02%2F28%2Fpfizer-covid-vaccine-was-just-12percent-effective-against-omicron-in-kids-5-to-11-study-finds.html&data=04%7C01%7CWSOB%40sob.wa.gov%7C433f2e53350d490a63f608d9fbac71ed%7C11>>

The narrative has been lost because the science has changed and only the politics remain. It is time to move on and get back to whatever normal remains in folks lives. We need to stop controlling and playing with people's livelihoods.

It is time to remove all vaccination requirements for all venues, events, places of work, and government entities. People need to get back to work and cannot. Between natural infection and vaccination we are at approximately 90% immunity across the country, probably more. There is little to no risk any longer. The vaccination does not prevent spread or hospitalization. The vaccination will not protect a workplace.

Everyone should be offered their job back as the move to eliminate employees due to their health status has now proven to be unjustified, immoral, and ineffective. Please remove any and all remaining mandates, let folks get back to normal.

The phrase " we are following the science" has grown tiresome, please stop using it. The "science" continues to change and clearly, CLEARLY, the science is not the same per state, political affiliation, and economic environment. Many have started to say the politics are what have changed, do you disagree?

The citizens of this state have had enough. The citizens of this state are smart, educated, savvy people who continue to see through holes in policy and logic. Citizens have lost faith and trust in gov and institutions because of the top down approach. The citizens of this state want fair and equal representation, this means no more mandates, vax passes, or restrictions.

It is time to do the right thing. Remove all policy that is harming the children, families, economics, business, schools, workplaces, and events.

Sincerely,

A Concerned Citizen

From: Brenda Biebesheimer
Sent: 3/3/2022 5:50:46 PM
To: DOH WSBOH
Cc:
Subject: Childrens vaccine

External Email

I beg of you to not require the Covid vaccine for children to attend public school.
There are so many unknowns with the Covid vaccine and the long term effects to children. Children have a better than 99% chance of survival from Covid as well.
As a parent of 2 kids in public school, my kids will not attend public school any longer if the vaccine becomes a requirement.
Please do the right thing & do not let this pass
Thank you
~Brenda Biebesheimer

Sent from my iPhone

From: DOH WSBOH LBOH Composition
Sent: 3/3/2022 8:12:38 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comments

From: Michelle Anderson <shellies4@netzero.com>
Sent: Wednesday, March 2, 2022 10:40 PM
To: DOH WSBOH LBOH Composition <LBOHComposition@sboh.wa.gov>
Subject: Public Comments

External Email

Regarding WAC 246-100-040 (a). You have NO RIGHT TO IMMUNIZE ANYONE AGAINST THEIR WILL!!

You need to REMOVE "IMMUNIZE" from the language!! Quarantine for up to 10 days?, Up to 30 days with court order and more than 1 doctor approval, OK.

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Please remove the immunize verbage from the text.

Thank you!

You are all doing a wonderful job! You don't really need all these extra rules, when it really is for the good of the people, it wont need a rule. Most people will do what is right. You might not agree, but it is free will.

From: Diane Nelson
Sent: 3/4/2022 12:56:38 AM
To: DOH WSBOH
Cc:
Subject: vaccine mandate for children

External Email

To All Members of the Board of Health,

As a retired teacher, grandmother, and concerned citizen I am writing this letter to ask you to vote against the mandate to vaccinate children against COVID. There are NO studies to prove the safety and efficacy of this EUA. Dr. Robert Malone, one of the original architects of the mRNA has strongly stated that the vaccine is not safe for children. I attended a presentation that he recently gave in Gig Harbor sharing evidence from several studies that have shown myocarditis, autoimmune disease, and damage to liver and reproductive organs as a result of COVID vaccination. Even the CDC is finally releasing their data that they've been trying to hide that shows many adverse effects!

Next, Natural Immunity has been proven in 150 studies from Brownstone. Furthermore, on March 2, the CDC reported that 60% of children 17 and younger have already had Covid. The research that has been done shows that if someone gets a vaccine after having already recovered from COVID that they are even more likely to suffer adverse effects. More data was released from the Swedish Study this week showing that the Covid-19 vaccine goes into the liver cells and is converted to DNA.

Last, the Nuremberg Code clearly states that using coercion to force people to take any EUA is against the law. Denying access to public education is definitely coercion! There are thousands of parents who will pull their children from public school rather than have them take the vaccine. There is no equity in education when you discriminate against children who have not had a Covid vaccine! Finally, children are not high spreaders of Covid, and if they get it the symptoms are usually very mild! A risk benefit analysis would show the risks to be much greater than a benefit that has not been proven!

Sincerely,

Diane Nelson

From: Testify Online Survey
Sent: 3/4/2022 11:14:21 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/04/2022

2.

Agenda Item or Issue:

COVID Injections for kids

3.

Your Name:

Jim Ribail

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4207 334th AVE NE Carnation, WA 98014

7.

Email:

wvfire1@gmail.com

8.

Phone Number (Include Area Code):

425-269-7868

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

I do not agree with having COVID injections mandatory for kids. There is no scientific proof that kids need this injection.

11.

Are you Pro or Con on the proposal?

2. Con

Kids should not be forced to get a COVID injection. This should be a choice between a family and a health care provider. There is no proof that this is safe for children, and it does not help stop the spread of this.

From: Betty Dursh
Sent: 3/4/2022 3:18:45 AM
To: DOH WSBOH
Cc:
Subject: About comments re upcoming SBOH meeting

External Email

I do want to say that this abuse of this Emergency Use Authorization has totally denied American citizens the use of at least two medicines that are available over the counter in places like Mexico, Africa, Israel, just to name a few places. I speak of the hydroxychlorquine and the Ivermectin. Someone, or many persons, in the department of health all across the country should have pushed back against this extremely bad handling of this COVID-19. Americans should never have been subjected to the political theater that has cost so many many lives. And I urge getting those two medicines out on grocery store shelves right along with the Tylenol and Advil and the aspirin.

I am also strongly in agreement that parents are the persons to determine what happens with their children. I agree with not making any COVID inoculation a mandatory litmus test that will prohibit children from going to day care or to school.

I also disagree with the policy that has made all health care workers accept that inoculation, in order to hold their job. Again, the freedom of choice is wiped out by these demands. and to my view, it is a wrong decision on the part of those running the various health organizations to deny their workers jobs based on whether the worker accepted the "vaccine." I also hope that people in health care will push hard for the testing that usually has gone into vaccines in the past years. Rolling out something within so short a time frame, and not having tested it and corrected it for several years, was not a good choice, to my view.

Elizabeth Dursh

--

This email has been checked for viruses by AVG.

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avg.com%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avg.com%2F&data=04%2F)

From: Justy
Sent: 3/4/2022 9:10:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WSBOH Members,

I am greatly concerned as a parent that you are considering making the COVID19 "vaccination" a requirement of any school aged child.

First, these injections are still under Emergency Use Authorization and are proven to be extremely harmful to children.

Second, these injections have not gone through the proper short term or long term trials to show the full effect it is having on our children's health.

Third, until we receive the full and complete studies from Pfizer, Moderna or J&J, showing the effectiveness of these unknown substances injected into children, (there is still no complete list of its contents and the side effects) we cannot demand that parents inject their children to attend school. There are way too many unknowns!

Why rush into the unknown when it comes to our children?

Each one of you will be held personally liable, for the harm done to each and every child you choose to make this mandatory for, without everyone having 100% informed consent.

~Justy Mayernik

Sent from my iPhone

From: JAMIE MITCHELL
Sent: 3/4/2022 9:49:33 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccinations for kids

External Email

To whom it may concern,

I want to urge you to say no to mandatory Covid 19 vaccinations for school children. Unless a child is very unhealthy, there is almost no risk to them getting the virus. There is actually more risk to children from the vaccine than there is from the virus. Please say no to the vaccine for school children.

Regards,

Jamie Mitchell

From: Carolann Gutierrez
Sent: 3/3/2022 11:47:12 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

We the People do not support Covid Vaccines for students to enter or attend Washington state schools. Vote no.
Thank you.

From: Shaina Lee
Sent: 3/2/2022 7:35:12 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

Hello,

I'm writing to ask that you please ratify the Technical Advisory Groups recommendation NOT to mandate vaccines for school children.

Not only does this vaccine NOT prevent the spread of Covid (which makes the idea of using it to support herd immunity completely irrelevant) but also the Covid 19 vaccine has been proven to be ineffective in children. Covid 19 itself has also been scientifically proven to be much less harmful to our younger generations, again making the mandate of the vaccine a completely useless idea. Our family has multiple medical reasons for our Dr.s to advise us against receiving the vaccine, but we do not qualify for a medical exemption based on the criteria set forth by agencies that are not even qualified to make medical decisions! If this vaccine is mandated I will have no choice but to unenroll and homeschool my children, in order to protect their health.

American people should NEVER have to choose between our health and our ability to utilize the freedoms granted to us by the US constitution. Furthermore, medications/ treatments that utilize aborted fetal cells in their production go against my deeply held religious belief and even if we didn't have a medical history that prevented us from safely receiving this vaccine, we , and every other American citizen, shouldn't ever have to compromise our religious beliefs and practices to participate in a free society.

Thank you in advance for your consideration.

Shaina Lee
Office Admin/Tech Support
James G. Murphy Co
(425) 486-1246
Fax: (425) 483-8247

From: Brittany Adkins
Sent: 3/4/2022 7:54:52 AM
To: DOH WSBOH
Cc:
Subject: Do not require the covid vaccine

External Email

Do not require the covid vaccine for our children or anyone. There is not enough long term study on this medication.

The fact that no one can be held accountable for vaccine injuries. Or what the long term affects of these medications will have on our children make it even worse that you would want to require this vaccine.. leave our children alone . Let them be kids.

From: Haim Strasbourger
Sent: 3/4/2022 10:56:38 AM
To: DOH WSBOH
Cc:
Subject: BOH March 9 Meeting - Concerning any discussion that may occur regarding the TAG recommendation on COVID shots for school children

External Email

To whom this may concern and to all members of the Board of Health,

Just in case this comes up for discussion in the March 9 Board of Health meeting, I want to be sure you are aware that there is a danger lurking in the upcoming agenda for the April meeting that may be discussed this month. The specific concern is regarding a hair brained idea of making school children be required to have a COVID shot in order to attend school in Washington State. Thankfully the TAG recommendation is against such a dangerous undertaking. By now it has been well established that there are very few if any benefits for school aged children getting that shot, and there are many negatively life changing and very dangerous risks involved if they do receive this medical treatment.

Therefore, I thank you for taking the time to understand the recommendation from the TAG and follow it in ensuring the safety and good health of all of our children so we can protect the next generation from terrible lifelong health problems.

Thanks again,
Haim Strasbourger
Federal Way, WA

From: Jere-n-Lynn Wright
Sent: 3/4/2022 7:32:32 AM
To: DOH WSBOH
Cc:
Subject: 651CB81C-65DA-4BF1-9143-7529CE8A18F0

External Email

We urge you to ratify the TAG vote to NOT make the COVID 19 vaccine mandatory for school attendance. The vaccine has far too many adverse side effects, as noted in the first release of Pfizer data, and these side effects pose a far greater risk to kids than covid ever did, or will.

Jere and Lynn Wright

From: Paul Byrne
Sent: 3/3/2022 11:33:04 AM
To: DOH WSBOH
Cc:
Subject: Vaccinating Children in WA St

External Email

BOH,
Please do not require children in this state to be vaccinated. TAG has recommended not to vaccinate children. Sweden has stopped vaccinating children under the age of 12 because they have discovered that the vaccine has no effect for them.

Regards,
Paul Byrne

Sent from my iPhone

From: Darleen Christopher
Sent: 3/4/2022 9:33:04 AM
To: DOH WSBOH
Cc:
Subject: Photo from Twitter



attachments\5C0061B8D2EE4466_Image-1.png

External Email

Sent from my iPhone

From: Roberta Wolf
Sent: 3/4/2022 11:42:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Washington Board of Health

I am requesting that the Board follow the recommendation of TAG, concerning the EUA Covid injection not be required to be given to all school age children as a requirement to attend school.□

We've seen, and the CDC has admitted:

- The vaccine does not prevent infection or transmission
- Children are not vectors of transmission for this virus
- Children have a statistically 0% chance of death

According to the CDC, children are at a statistically 0% risk of serious illness or death from COVID-19. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis among and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine developers have no risk on the table thus we cannot take this chance as parents and grandparents. Something then is not entirely proper about these vaccines needing to be given to our children. Where is the safety data? If children are at such low risk, then it shouldn't be a problem for these officials and vaccine developers to remove their protection.

With such low Covid-19 risk in children, no opportunity for benefit and just costs in terms of possible harms, these EUA Covid injections should not be mandated for our children to attend school.

Thank you for your consideration,
Roberta wolf

Sent from my iPad

From: Barbara Lemayquinn
Sent: 2/28/2022 11:43:04 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: Christina McCanless
Sent: 3/3/2022 10:47:38 AM
To: DOH WSBOH
Cc:
Subject: No mandated vaccines for kids!

External Email

I am writing as a concerned parent who has 2 kids in WA schools. I'm sure many other parents and concerned citizens have already linked pertinent studies and numbers so I'm not going to waste anyone's time with that. Suffice to say the information is very clear that

1. Covid 19 is not a severe disease to healthy children. Almost zero (if not zero- CDC hasn't released these numbers so we are having to rely on data from other countries) healthy children have died and almost all healthy children do not suffer severe disease from Covid 19.
2. Covid 19 vaccine does NOT prevent community spread from one child or teacher to another.
3. Covid 19 vaccine HAS caused death to healthy children via vaccine induced Myocarditis.

In light of the above, vaccination of children should be a nuanced discussion between parents and their child's doctor. The State should have no part in mandating this medical decision. Should you choose to mandate this, especially without a philosophy exemption, I will be part of a large number of parents removing their children from public schools.

Thank you for considering the views of ALL parents and concerned citizens and not making this decision political.

Christina McCanless
Sent from my iPhone

From: Tami McAllister
Sent: 3/2/2022 7:36:58 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for school

External Email

Please DO NOT make the experimental Covid vaccine mandatory for public or private school entry in the state of Washington. There are still too many unknowns about future side effects in people, especially kids. Several reports of heart issues. Covid is something that we are going to have to live with like the flu. You don't require the flu shot every year, so do not require the experimental Covid vaccine. All the vaccine passport requirements are going away, so do not make our healthy kids get this vaccine to attend school. Ignore the "political science " and listen to the parents voices.

Thank you,
Tami McAllister

Sent from my iPad

From: Susan Hardy
Sent: 3/4/2022 9:50:56 AM
To: DOH WSBOH
Cc:
Subject: Input on Children Mandatory C-19 Vaccines



attachments\45C1FBD0BFB94BB2_SusanToWSBOH20220304.jpg

External Email

From: Testify Online Survey
Sent: 3/3/2022 3:48:30 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

WA

2.

Agenda Item or Issue:

Mandatory covid vaccines

3.

Your Name:

Stefanie E Skupin

4.

Do you have a professional title?

1. Yes

DVM

5.

Are you representing an organization?

2. No

6.

Address:

252E 2nd St

7.

Email:

stef@theleaderswork.com

8.

Phone Number (Include Area Code):

5098466303

9.

Do you have any special expertise relevant to this topic?

1. Yes

Awareness of scientific data pro as well as anti vaccines. Awareness of past negative effects in pharm from releasing drugs without sufficient safety data.

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

Against mandatory covid vaccines for children. The scientific data pro vaccines is one-sided and not conclusive.

From: Jessica Banks
Sent: 3/3/2022 1:43:33 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 mandate for children

External Email

Not sure where I should send this, but please don't mandate Covid 19 vaccines for children. From the beginning and even when Covid was much more dangerous, children were rarely affected. The only good reason to mandate it is to please big pharma, but we need to be looking out for our children, not them.

From: Darleen Christopher
Sent: 3/4/2022 9:33:35 AM
To: DOH WSBOH,Seattle Public Schools
Cc:
Subject: Photo from Twitter



attachments\DE2DDE10CD00465D_Image-1.png

External Email

Sent from my iPhone

From: Michelle Dury
Sent: 3/3/2022 9:59:17 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

The Publicis Groupe, a leading worldwide PR firm, represents major companies within the technology, pharmaceutical and banking industries. These companies, in turn, have various partnerships with the U.S. government and global nongovernmental organizations. These connections, taken together, explain how certain views can be so effectively erased. The answer to this dilemma is transparency. We must expose the machination that allow this agenda to be pushed forward.

Truth is now starting to spread from our silenced, untruthful media. Whistleblowers are bravely coming forward. This "vaccine" a.k.a. bioweapon, was developed for depopulation. Former Pfizer VP says "Clear evidence of fraud" in Pfizers study claiming 95% efficacy. The marketing lie was that it was 95% effective. That was relative risk (please look this up). The Absolute Risk reduction from the jab was .84%. Now lets look at how long the FDA spent to approve the Pfizer jab. 108 DAYS!!! So why did Pfizer go to lawyers and try to have their data hidden from freedom of information act inquiries for 55 years and then subsequently 75 years. Thankfully the judge refused their plan to hide the study data and its all starting to come out now. The studies were unblinded —SO THERE IS NO PLACEBO GROUP!. We must wait in the interest of our children and their health before ANY considerations to make these jabs mandatory. It is also common knowledge that these jabs DO NOT PREVENT TRANSMISSION!!, despite the lies we were told that they do.

Why was Maddie De Garaufs severe adverse reaction to the Pfizer vaccine, which left her paralyzed and with a feeding tube not reported to the FDA or Vaers? In the study she reportedly had a "stomachache"

Dr. Jessica Rose, viral immunologist and biologist, told the panel "EUA of biological agents requires the existence of an emergency and the nonexistence of alternative treatment. There is no emergency and COVID-19 is exceedingly treatable". THERE ARE CURRENTLY NO FDA APPROVED VACCINES THAT HAVE BEEN GIVEN TO ANYONE IN THE US. THE TRUTH IS THAT THE ONLY WAY FOR THE "VACCINES" TO GET PERMANANT IMMUNITY FROM LIABILITY IS TO GET THEM ON THE VACCINE SCHEDULE FOR KIDS. THEY THEN FALL UNDER THE 1986 LAW !!! PLEASE STOP PARTICIPATION IN THIS MADNESS. Since the jab rollout for kids there have been reported cases of MYOCARDITIS 19 times higher than background rates. Folks - I'm a Registered Nurse and the truth is dead cardiac cells don't come back. We could be looking at a whole generation of cardiac cripples. Per the CDC the IFR for ages 0-17 is 0.0002 per 100,000 and much lower for 5-11 yr olds.

Johns Hopkins researchers studied 48,000 children and found A MORTALITY RATE OF ZERO AMONG CHILDREN without a pre-existing medical condition such as leukemia. Kids with pre-existing conditions and prior COVID infections were not included in Pfizers study, so including them in the EUA is negligence. There were more than 900 types of adverse events reported after Pfizer vaccination that have never been reported after flu vaccines, including 11 cases of MULTISYSTEM-INFLAMMATORY SYNDROME that occurred without previous history of COVID infection.

In a letter signed by Robert F Kennedy Jr. CHD chairman and chief legal council, and Nass, Kennedy and Nass wrote:

"Childrens Heath Defense will seek to hold you accountable for recklessly endangering this population with a product that has LITTLE EFFICACY but which may put them, without warning, at risk of many ADVERSE HALTH CONSEQUENCES, including heart damage, stroke, and other thrombotic events and reproductive harms".

These mandates would be IMMORAL, UNETHICAL, AND ILLOGICAL. AN ACT OF PURE EVIL!!

From: Ryan Van Wieringen
Sent: 3/2/2022 4:57:05 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine Mandate in Schools

External Email

Hello- Please do not mandate the COVID-19 vaccine for children to be able to go to school. I will pull my kids out of school and homeschool them if you do this. Vaccines do not eliminate or reduce transmission. Kids are at low risk, less than the flu which is not mandated.

Thank you,
Ryan

From: D L
Sent: 3/4/2022 5:44:22 AM
To: DOH WSBOH
Cc:
Subject: March 9th re: Public Comment

External Email

Good morning Board Members,

I am writing to you as a mother, grandmother and WA state resident to respectfully ask you to ratify the TAG's recommendation against the child vaccine mandate on March 9th.

As the parent of a vaccine harmed child I want to encourage you to stand fast on the recommendation.

Children are at very little risk from Covid-19/variants as reported by the CDC. The CDC's Varers reports is showing rising numbers of harm from these vaccines for children.

Please, please, please ratify the TAG's recommendation.

Sincerely, Deymian LeSar

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:56:41 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\7EB1A2A1410045F6_20220303155625174.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:56:25 (-0800)
Queries to: ricoh@doh.wa.gov

To whom It MAY Concern:

As a mother I am beyond over joyed at the current decision of the TAG concerning Covid-19 vaccine for children in school. This vaccine is not through the experimental phase and we do not know long term side effects. Our family values the choice to make this decision for our children. If the decision is made by BOH to mandate this on our state's children our family will be devastatingly forced to withdrawal our 16 year old from the public system.



Expressions

FROM

Hallmark

To Whom It May Concern:

As a mother I am beyond overjoyed at the current decision of the TAG concerning Covid-19 vaccine for children in school. This vaccine is not through the experimental phase and we do not know long term side effects. Our family values the choice to make this decision

for our children. If the decision is made by BOH to mandate this on our state's children our family will be devastatingly forced to withdrawal our 11 year old from the public system.



Expressions

FROM

Hallmark

To Whom It May Concern:

As a mother I am beyond over joyed at the current decision of the TAG concerning Covid-19 vaccine for children in school. This vaccine is not through the experimental phase and we do not know long term side effects. Our family values the choice to make this decision for our children. If the decision is made by BOH to mandate this on our state's children our family will be devastatingly forced to withdraw our 16 year old from the public system.

Sincerely,



Expressions
FROM  *Hallmark*

To whom It May Concern:

As a mother I am beyond overjoyed at the current decision of the TAG concerning Covid-19 vaccine for children in school. This vaccine is not through the experimental phase and we do not know long term side effects. Our family values the choice to make this decision for our children. If the decision is made by BOH to mandate this on our state's children our family will be devastatingly forced to withdrawal our 16 year old from the public system.

Sincerely,

Spokane County Resident
and concerned citizen



Expressions

FROM

Hollman

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:56:38 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\483EA8268BD649C4_20220303155615864.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:56:15 (-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."

To:
Member
Crawford

Wanting you to remember our
children's vaccine's should
be only up to parents or
guardian choice. This not
a vaccine, that has enough
information to make any
one do this.

Carla Messa



Are you kidding me?

"I do solemnly swear
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support and defend
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the office on which I
am about to enter: So
help me God."

To :
Member
Besserman

Please be the vote for children.
no vaccine for our kids.
You can say none of us
to know enough to say this
is safe. Our future should
be protected. We should all
care for each other

Carla Messal



Are you kidding me?

"I do solemnly swear
(or affirm) that I will
support and defend
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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."

To:
Member
Shah

Please remember our children
are our future. So vote
for the protection of their
lives. We do not ^{know} enough
to put this vaccine in our
children. Our future. Please
vote for the families

Carla Messal



Are you kidding me?

"I do solemnly swear
(or affirm) that I will
support and defend
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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."

To:
Member
Lutz

I want to Thank You for clearly
vote for the family to be protected
from getting vaccines Please
Remember to do do what is
best for our future. We do
not know enough about what
this could do to our
children. Carla Messel



Are you kidding me?

"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."

To:
Member
Pendergrass

Please do not vote to have our children vaccinated. We can not say we know enough about the vaccine. Our life should never use a person as a guinea pig. Please be for our family and life.

Carla Messel

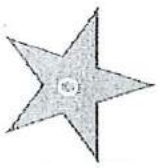


Are you kidding me?

"I do solemnly swear
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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."

To:
Member
Hayes

Please remember your vote
could hurt our children.
With not knowing enough
about the vaccine. Children
are our future. Do not
hurt them. Your vote should
be for the people, families
and children.
Carla Messal



P.O. Box 186

Cheney Wa 99004

Are you kidding me?

Patty Hayes

WS B04

P.O. Box 47990

Olympia Wa

98504-7990

"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."

To:
Member
Lentz

Please vote for our children
do not be subject to a vaccine
we do not know enough about.
Let us protect our children
their future. ~~So~~ vote for
their life and let parents
decide.

Carla Messal

P.O. BOX 186

Cheney WA 99004

Are you kidding me?

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:58:17 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\795503C0877949DD_20220303155801206.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:58:00 (-0800)
Queries to: ricoh@doh.wa.gov

Greetings Patty Hayes,

I am writing to thank you
for your service to our

communities. I would like to

remind all Board members that
this COVID-19 vaccine is still in
the experimental phase and we
have been living with this pandemic
going on 3 years. We should be
stepping back and re-evaluating
~~any~~ mandates of this COVID-19
vaccine until further research
can be conducted. We have
called "followed the science" and

had enough in
us years to

We can at

Step-Back

our lives a
of our free
in fact all
people. The
for our y
& efforts

Patty

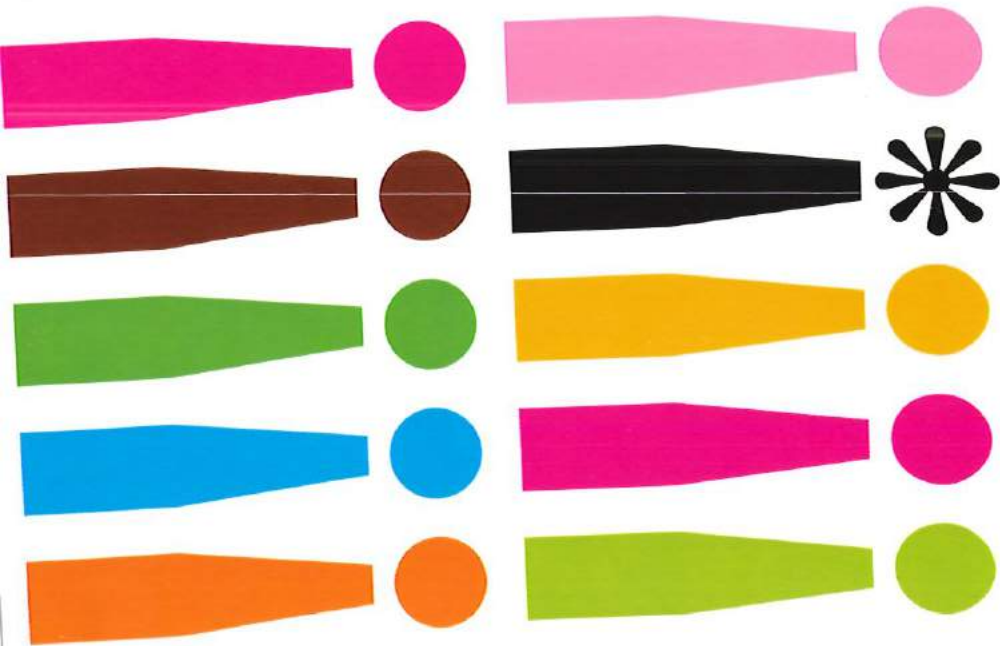
Sions

ark

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Greeting Fran Besserman

I want to thank you for all your time you devote to our communities. I would like to remind you that the Covid-19 Vaccine that we are sending out to all our family members is still a Emergency Use Authorization Status Still.

We are going into the 3rd year of this pandemic and we should be able to step back and re-evaluate these mandates, especially for our

children and adults. we followed the have enough to last us a So, please our health

Thank.

Je

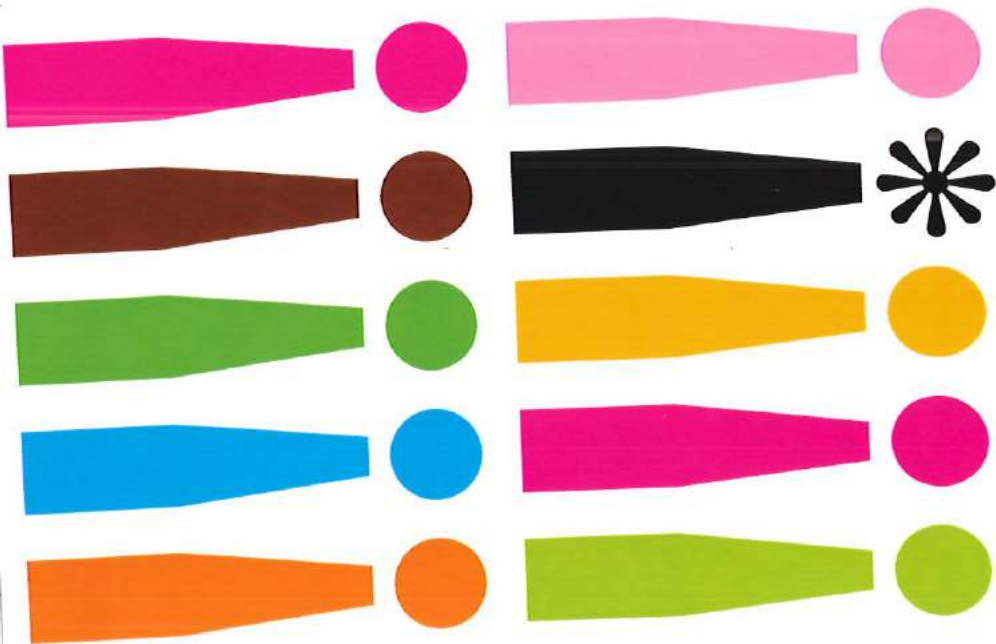
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From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:55:12 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\3B75229B769B41B3_20220303155455596.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:54:55 (-0800)
Queries to: ricoh@doh.wa.gov

Department of Health Washington

One has a God given
right to choose.

Our choice is to stop
any forced posed injection
in our body.

Stop these unlawful acts.

Signed

Any gender

Any race

Any creed

Any disability

Any age

Record

7-18-2022

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:54:46 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\957C44C4E36D4B25_20220303155429464.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:54:29 (-0800)
Queries to: ricoh@doh.wa.gov

Dear Sir or Madam,

I am writing to you as a concerned citizen residing in Olympia, Washington. 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 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. 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 have 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,



John Fratt Jr.
4219 Amber Ct SE
Olympia, WA 98501
Parent - Citizen

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:57:24 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\8B7CCF7E645F4DF3_20220303155653064.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:56:53 (-0800)
Queries to: ricoh@doh.wa.gov

Keith Grellner,

I'm writing to ask you to vote
against requiring COVID-19 vaccines for our
kids. I don't believe this vaccine
meets the criteria for making it



Expressions

FROM


Hallmark

Patty Hayes,

I'm writing to ask you to
vote against requiring covid-19
vaccines for our kids. I don't believe
this vaccine meets the need.



Expressions

FROM


Hallmark

Umar A. Shah, MD, MPH,

I'm writing to ask you to vote
against requiring COVID-19 vaccines
for our kids. I don't believe this
vaccine meets the criteria for making



Expressions

FROM


Hallmark

Fran Bessermin,

I'm writing to ask you to
Vote against requiring Covid-19
Vaccines for our kids. I don't
believe the state has the right to



Expressions

FROM


Hallmark

Temple Lentz,

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Expressions

FROM


Hallmark

Bob Lutz,

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believe this vaccine meets the



Expressions

FROM


Hallmark

Elizabeth Crawford,

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Expressions
FROM  *Hallmark*.

Dr. Thomas Pendergrass,

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this vaccine meets the criteria



Expressions

FROM


Hallmark

From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:53:43 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\B5461A96537A4235_20220303155327795.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:53:27 (-0800)
Queries to: ricoh@doh.wa.gov

RECEIVED
MAR 03 2022
WA State Board of Health



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.

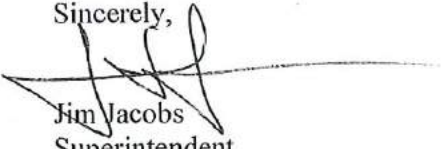
The administrative and health professionals who work for our school district have already provided feedback that a vaccine mandate for k-12 public school students would create an unreasonable and insurmountable administrative burden. As you can see by the survey data included in this letter, over 65% 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.

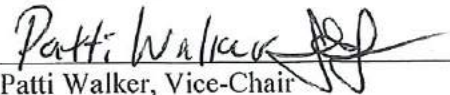
The North Franklin School District Board of Directors, with a large amount of input from the community we represent, would like to communicate that we support vaccinations in general, but stand firmly against a Covid vaccine mandate for k-12 public school students.


Sincerely,



Jim Jacobs
Superintendent

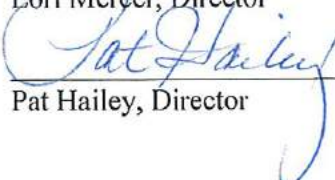
NORTH FRANKLIN SCHOOL DISTRICT
BOARD OF DIRECTORS


Terry Utecht, Board Chair


Patti Walker, Vice-Chair


Jon Fox, Director

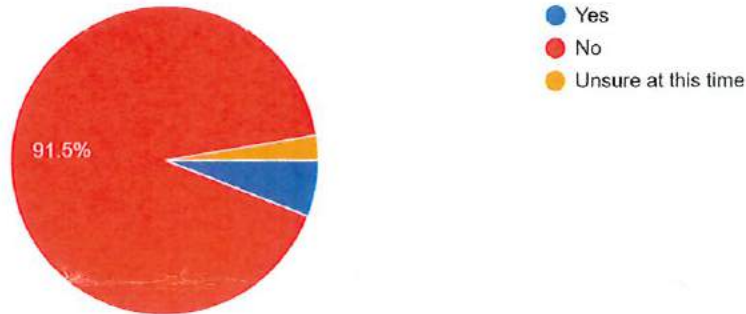

Lori Mercer, Director


Pat Hailey, Director

Survey regarding possible vaccine mandate from state

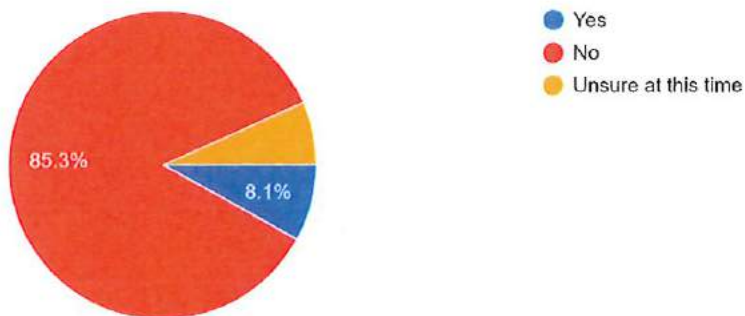
Are you in favor of a Covid Vaccine requirement for children ages 5 and up to attend school?

423 responses



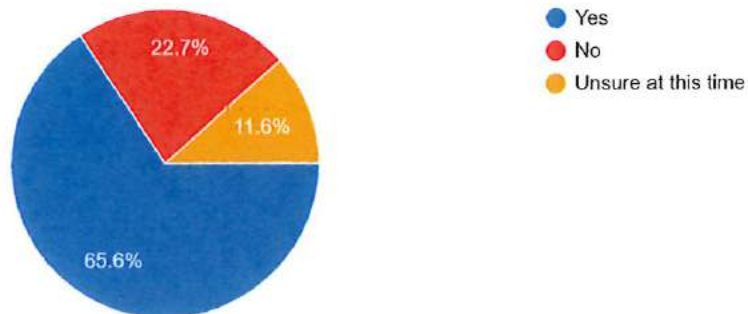
If the Governor mandates that children ages 5 and up must be vaccinated to attend school, will you vaccinate your children?

422 responses



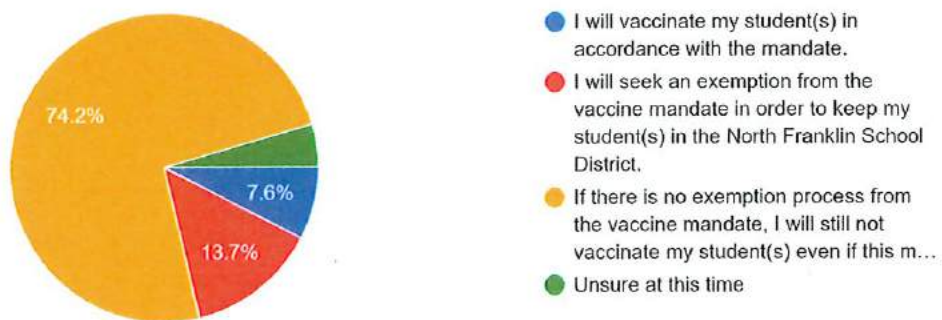
If the mandate includes an exemption process, will you seek to obtain an exemption for your child?

422 responses



If there is a vaccine mandate for students, what will be your course of action?

422 responses



From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:58:11 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\A4E2AB63B82D4D02_20220303155754060.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:57:54 (-0800)

Queries to: ricoh@doh.wa.gov

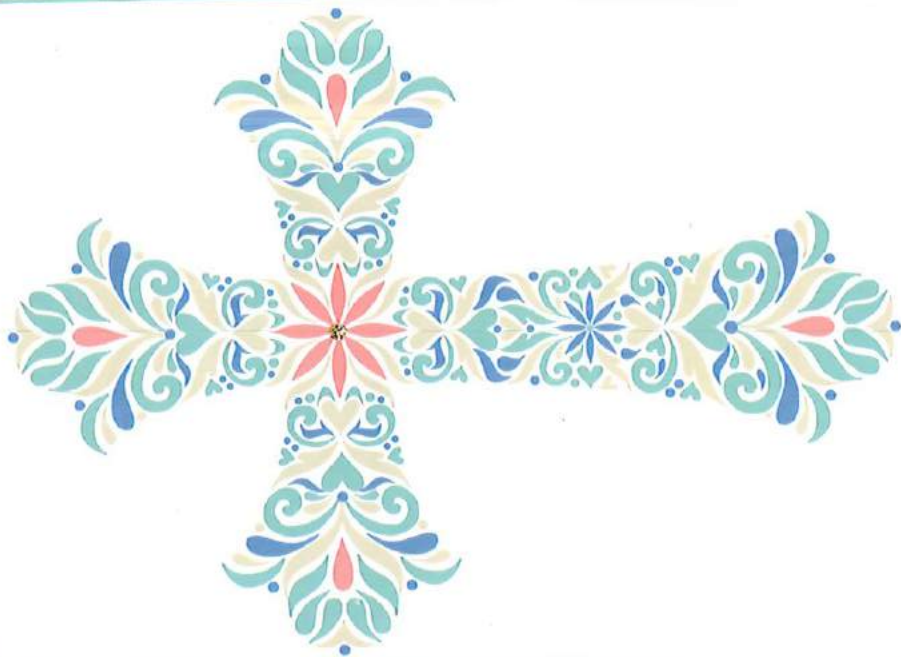
Umar A Shah,

I agree with the TAG recommendation not to require the COVID-19 vaccination.

If you follow the "science" and the nine criteria that the TAG considered, the COVID-19 vaccination must not be forced on children.

All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccines do not prevent contracting the disease or prevent it's spread.



Derek Tral
16611 S. Carstens Rd
SPOKANE WA 99
26 FEB 2022 PM 3
11 11/A 99008

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Elisabeth Crawford

I agree with the TAG recommendation not to require the COVID-19 vaccination.

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Expeditions

FROM

Hallmark

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Patty Hayes

I agree with the TAG recommendation not to require the COVID-19 vaccination.

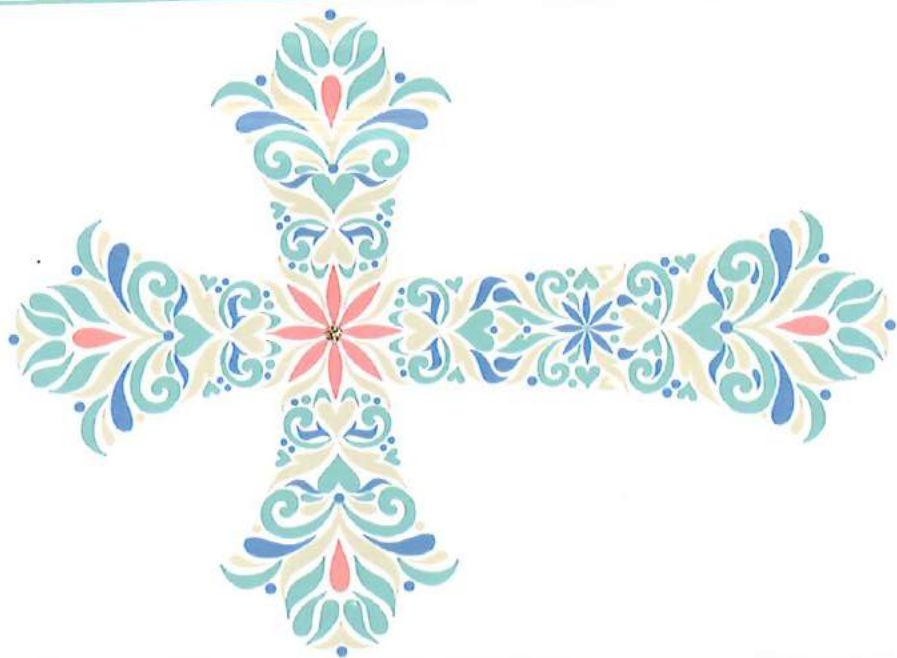
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Sions

ark



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Dr. Thomas Pendorgrass,

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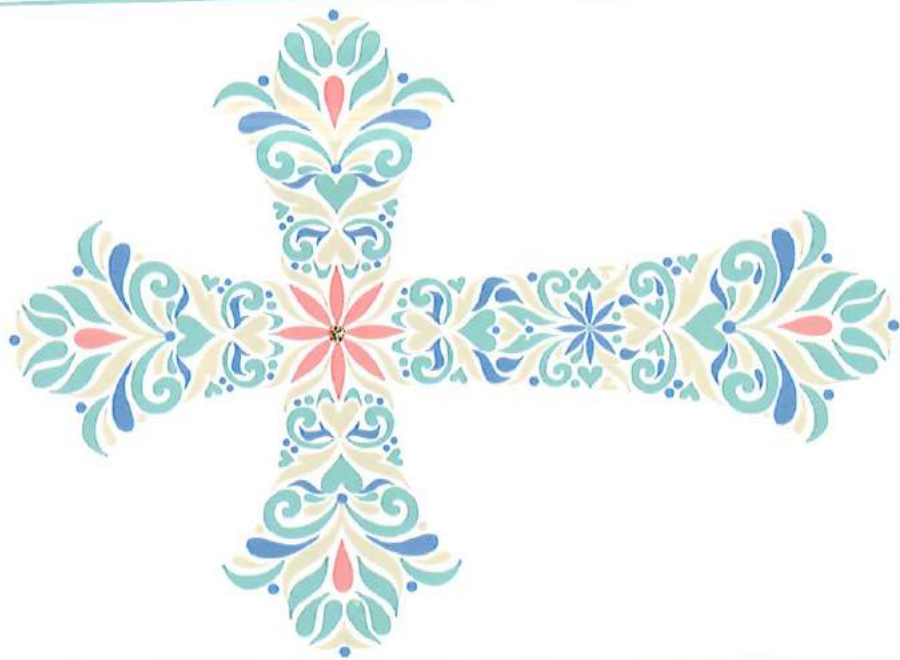
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Sions

ark



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Temple Lentz

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All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccines do not prevent contracting the disease or prevent it's spread.

Expressions

FROM



Hallmark

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Keith Grellner,

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If you follow the "science" and the nine criteria ~~for~~ that the TAG group considers, the COVID-19 vaccination ~~must not~~ must not be forced on children.

All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccine does not prevent contracting



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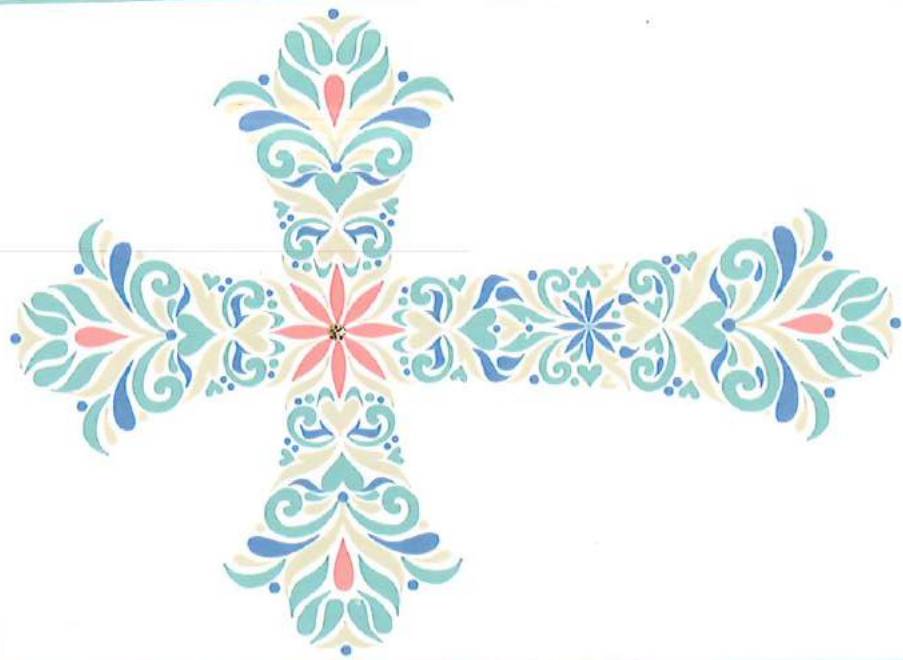
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Sions

ark



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From: Hisaw, Melanie (SBOH)
Sent: 3/3/2022 3:55:31 PM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Message from "DOHPR-TC1-1E-02"



attachments\82B857B978F64C56_20220303155516147.pdf

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 03.03.2022 15:55:15 (-0800)
Queries to: ricoh@doh.wa.gov

Dear Washington State Board of Health;

I am writing to hopefully convince you to NOT require a shot of the Sars-Cov-2 (COVID-19) "vaccine" for children to attend schools in our state. We need to "follow the Science" and let families make this critical health decision, especially since we are entering into the Endemic of this disease.

In our local Spokesman Review newspaper, dated February 14, 2022, I read with despair that our Washington Board of Health is considering and has commissioned a state advisory group to give opinion on adding the COVID-19 shot, to the list of required vaccinations for Washington students. In the same paper, there was another article that discussed the thousands of Omicron "breakthrough" infections and reinfections of individuals that had been fully vaccinated or had previously had COVID-19, in this state.

The CDC data reveals that children 0-19 years old have a 99.997% survivability rate from a COVID-19 infection. The CDC, NIH and WHO have all disclosed and admitted, that the available "vaccines" do not stop people from contracting or spreading the variants of this virus. Also, as of December 2021, the CDC's list of vaccination adverse events (VAERS) to the injections, for just 5-11 year olds, documents that 2.4% were serious events resulting in hospitalization, with 11 verified myocarditis cases and 2 deaths.

Quoting an article in the February 16, 2022 Spokesman Review on What Experts Know About Children, COVID-19 and Omicron, in the United States; "Often children are hospitalized for other reasons and coincidentally test positive for SARS-CoV-2. The presence of an underlying condition among children ages 5-11 is associated with about 12 times higher risk of hospitalization and 19 times higher probability of admission to intensive care; 0.1%-1.5% of all their pediatric COVID-19 cases resulted in hospitalization; and 0.00%-0.01% of all pediatric COVID-19 cases resulted in death."

So let me get this straight: 2.4% of children in this age group have serious effects from the shot and 0.1% - 0.15% of them have serious health problems from getting the virus and the vast majority had an underlying condition that exasperated their condition. At this time, why would the WBH even consider forcing families to put a new, unproven medication into their kids' bodies? It has barely been in use for adults for a year and only months on children, under Emergency Use Authorization. We have no real idea what the future effects will be.

It is imperative that our leaders in this state understand it is a civil right for adult Washingtonians to make critical health care decisions for themselves and their kids. Please Do Not shoot up our kids, when "The Science" shows it is not as beneficial as promised, but can be more harmful than the disease by a mathematical order of magnitude.

Sincerely,

MJ Ward, Spokane, WA

Michael L. Shevham
Mary Jo Ward
7621 E. 18th Ave.
Spokane Valley, WA 99212

Department of Health Washington

One has a God given
right to choose.

Our choice is to stop
any forced posed injection
in our body.

Stop these unlawful acts.

Signed

Any gender

Any race

Any creed

Any disability

Any age

Record

7-18-2022

To whom It MAY Concern:

As a mother I am beyond over joyed at the current decision of the TAG concerning Covid-19 vaccine for children in school. This vaccine is not through the experimental phase and we do not know long term side effects. Our family values the choice to make this decision for our children. If the decision is made by BOH to mandate this on our state's children our family will be devastatingly forced to withdrawal our 16 year old from the public system.



Expressions

FROM

Hallmark

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Sincerely,



Expressions
FROM  *Hallmark*

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Sincerely,

Spokane County Resident
and concerned citizen



Expressions

FROM

Hollander

Keith Grellner,

I'm writing to ask you to vote
against requiring COVID-19 vaccines for our
kids. I don't believe this vaccine
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Expressions

FROM


Hallmark

Patty Hayes,

I'm writing to ask you to
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Expressions
FROM  *Hallmark*.

Umar A. Shah, MD, MPH,

I'm writing to ask you to vote
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Expressions

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Hallmark

Fran Bessermin,

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Hallmark

Elizabeth Crawford,

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Expressions

FROM


Hallmark

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The CDC data reveals that children 0-19 years old have a 99.997% survivability rate from a COVID-19 infection. The CDC, NIH and WHO have all disclosed and admitted, that the available "vaccines" do not stop people from contracting or spreading the variants of this virus. Also, as of December 2021, the CDC's list of vaccination adverse events (VAERS) to the injections, for just 5-11 year olds, documents that 2.4% were serious events resulting in hospitalization, with 11 verified myocarditis cases and 2 deaths.

Quoting an article in the February 16, 2022 Spokesman Review on What Experts Know About Children, COVID-19 and Omicron, in the United States; "Often children are hospitalized for other reasons and coincidentally test positive for SARS-CoV-2. The presence of an underlying condition among children ages 5-11 is associated with about 12 times higher risk of hospitalization and 19 times higher probability of admission to intensive care; 0.1%-1.5% of all their pediatric COVID-19 cases resulted in hospitalization; and 0.00%-0.01% of all pediatric COVID-19 cases resulted in death."

So let me get this straight: 2.4% of children in this age group have serious effects from the shot and 0.1% - 0.15% of them have serious health problems from getting the virus and the vast majority had an underlying condition that exasperated their condition. At this time, why would the WBH even consider forcing families to put a new, unproven medication into their kids' bodies? It has barely been in use for adults for a year and only months on children, under Emergency Use Authorization. We have no real idea what the future effects will be.

It is imperative that our leaders in this state understand it is a civil right for adult Washingtonians to make critical health care decisions for themselves and their kids. Please Do Not shoot up our kids, when "The Science" shows it is not as beneficial as promised, but can be more harmful than the disease by a mathematical order of magnitude.

Sincerely,

MJ Ward, Spokane, WA

Michael L. Shevham
Mary Jo Ward
7621 E. 18th Ave.
Spokane Valley, WA 99212

"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."

To:
Member
Crawford

Wanting you to remember our
children's vaccine's should
be only up to parents or
guardian choice. This not
a vaccine, that has enough
information to make any
one do this.

Carla Messa



Are you kidding me?

"I do solemnly swear
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am about to enter: So
help me God."

To :
Member
Besserman

Please be the vote for children.
no vaccine for our kids.
You can say none of us
to know enough to say this
is safe. Our future should
be protected. We should all
care for each other

Carla Messal



Are you kidding me?

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the office on which I
am about to enter: So
help me God."

To:
Member
Shah

Please remember our children
are our future. So vote
for the protection of their
lives. We do not ^{know} enough
to put this vaccine in our
children. Our future. Please
vote for the families

Carla Messal



Are you kidding me?

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discharge the duties of
the office on which I
am about to enter: So
help me God."

To:
Member
Lutz

I want to Thank You for clearly
vote for the family to be protected
from getting vaccines Please
Remember to do do what is
best for our future. We do
not know enough about what
this could do to our
children. Carla Messel



Are you kidding me?

"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."

To:
Member
Pendergrass

Please do not vote to have our children vaccinated. We can not say we know enough about the vaccine. Our life should never use a person as a guinea pig. Please be for our family and life.

Carla Messel

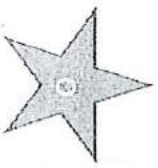


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will well and faithfully
discharge the duties of
the office on which I
am about to enter: So
help me God."

To:
Member
Hayes

Please remember your vote
could hurt our children.
With not knowing enough
about the vaccine. Children
are our future. Do not
hurt them. Your vote should
be for the people, families
and children.
Carla Messal



P.O. Box 186
Cheney Wa 99004

Are you kidding me?

Patty Hayes

WS B04

P.O. Box 47990

Olympia Wa

98504-7990

"I do solemnly swear
(or affirm) that I will
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help me God."

To:
Member
Lentz

Please vote for our children
do not be subject to a vaccine
we do not know enough about.
Let us protect our children
their future. ~~So~~ vote for
their life and let parents
decide.

Carla Messal

P.O. BOX 186

Cheney WA 99004

Are you kidding me?

Dear Sir or Madam,

I am writing to you as a concerned citizen residing in Olympia, Washington. 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 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. 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 have 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,



John Fratt Jr.
4219 Amber Ct SE
Olympia, WA 98501
Parent - Citizen

Greetings Patty Hayes,

I am writing to thank you
for your service to our

communities. I would like to

remind all Board members that
this COVID-19 vaccine is still in
the experimental phase and we
have been living with this pandemic
going on 3 years. We should be
stepping back and re-evaluating
~~any~~ mandates of this COVID-19
vaccine until further research
can be conducted. We have
called "Followed the Science" and

had enough in
us years to

We can at

Step-Back

our lives a
of our free
in fact all
people. The
for our y
& efforts

Patty

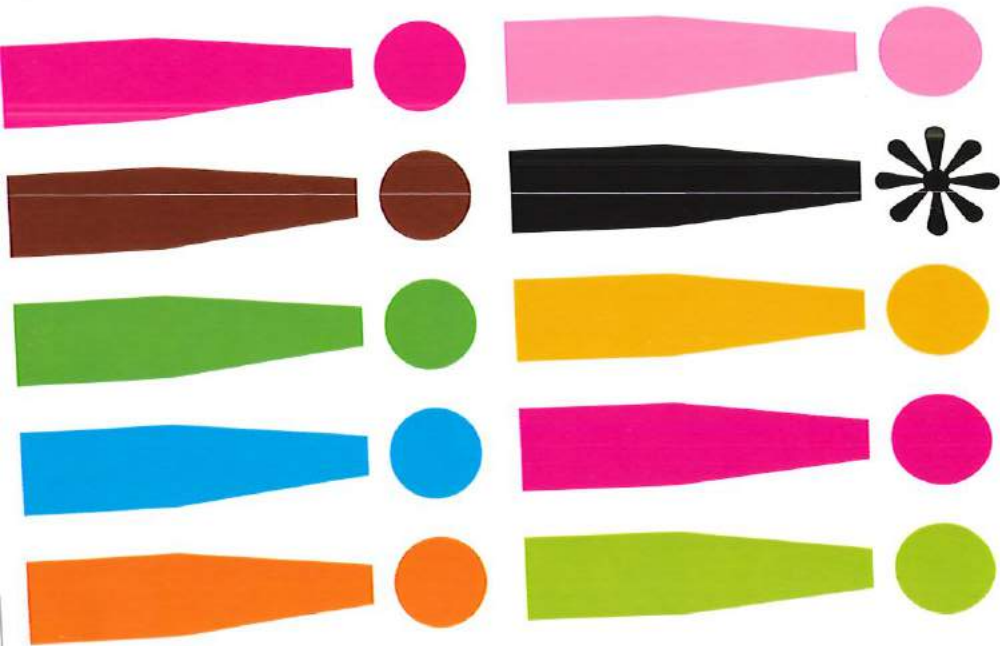
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Greeting Fran Besserman

I want to thank you for all your time you devote to our communities. I would like to remind you that the Covid-19 Vaccine that we are sending out to all our family members is still a Emergency Use Authorization Status Still.

We are going into the 3rd year of this pandemic and we should be able to step back and re-evaluate these mandates, especially for our

children and adults. we followed the have enough to last us a 30, please our health

Thank.

Je

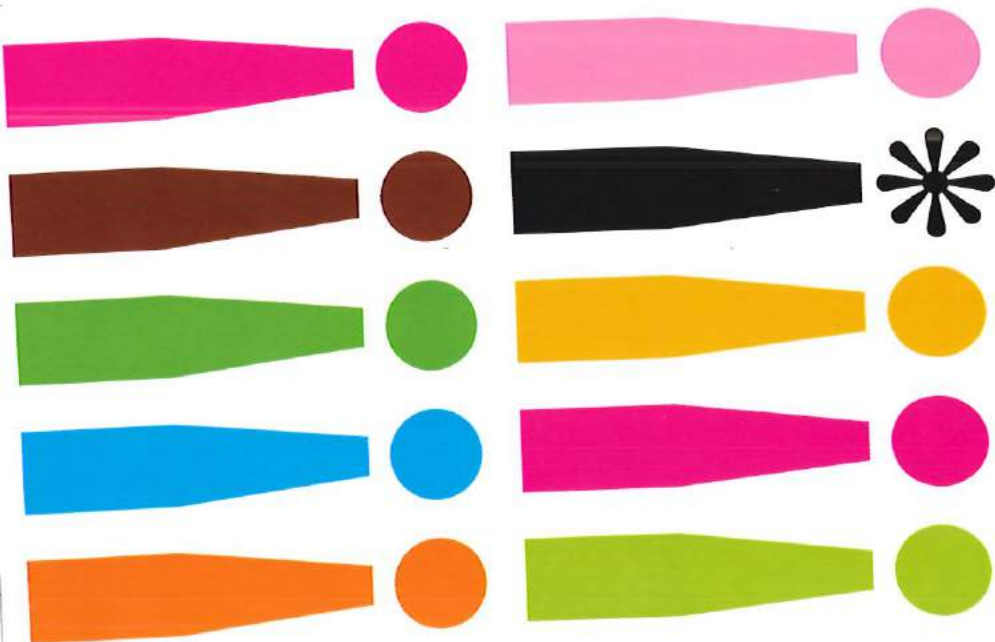
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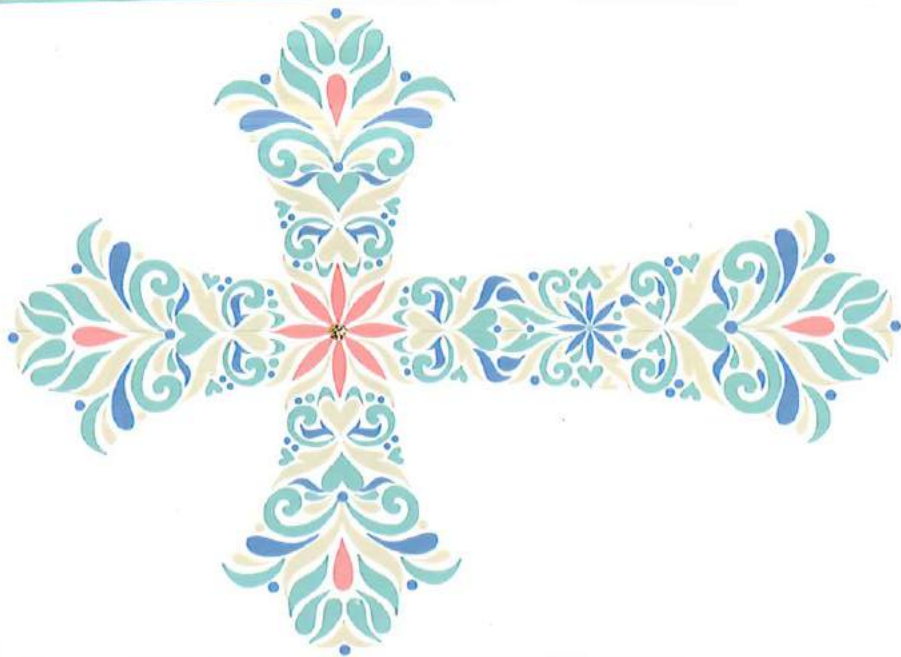
Umar A Shah,

I agree with the TAG recommendation not to require the COVID-19 vaccination.

If you follow the "science" and the nine criteria that the TAG considered, the COVID-19 vaccination must not be forced on children.

All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccines do not prevent contracting the disease or prevent it's spread.



Derek Tral
16611 S. Carstens Rd
SPOKANE WA 99
26 FEB 2022 PM 3
11 11/A 99008

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Elisabeth Crawford

I agree with the TAG recommendation not to require the COVID-19 vaccination.

If you follow the "Science" and the nine criteria that the TAG considered, the COVID-19 vaccination must not be forced on children.

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Expositions

FROM

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Patty Hayes

I agree with the TAG recommendation not to require the COVID-19 vaccination.

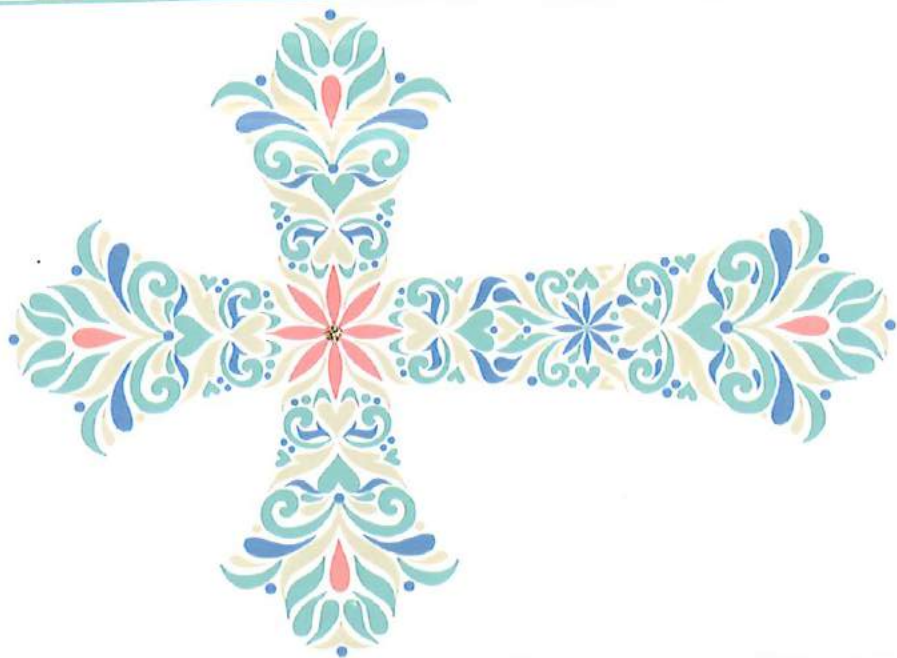
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Dr. Thomas Pendorgrass,

I agree with the TAG recommendation not to require the COVID-19 vaccination,

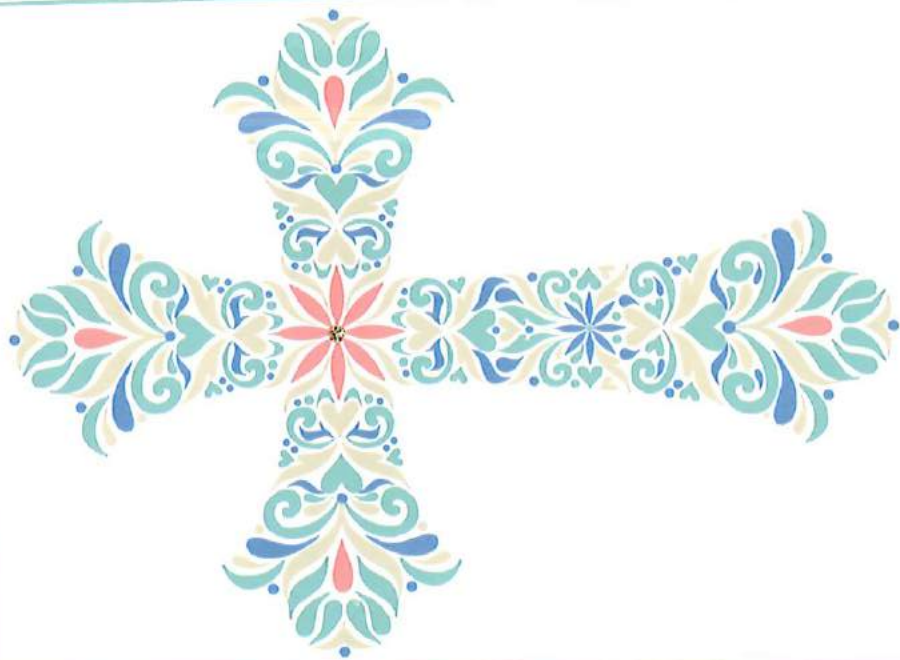
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Temple Lentz

I agree with the TAG recommendation not to require the COVID-19 vaccination.

If you follow the "science" and the nine criteria that the TAG considered, the COVID-19 vaccination must not be forced on children.

All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccines do not prevent contracting the disease or prevent it's spread.

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Expressions
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Keith Grellner,

I agree with the TAG recommendation not to require the COVID-19 vaccination.

If you follow the "science" and the nine criteria ~~for~~ that the TAG group considers, the COVID-19 vaccination ~~must not~~ must not be forced on children.

All evidence that the vaccine is safe and effective comes from biased groups with conflicts of interest.

It is well known that the vaccine does not prevent contracting



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Bob Lutz,

I agree with the TAG recommendation not to require the COVID-19 vaccination.

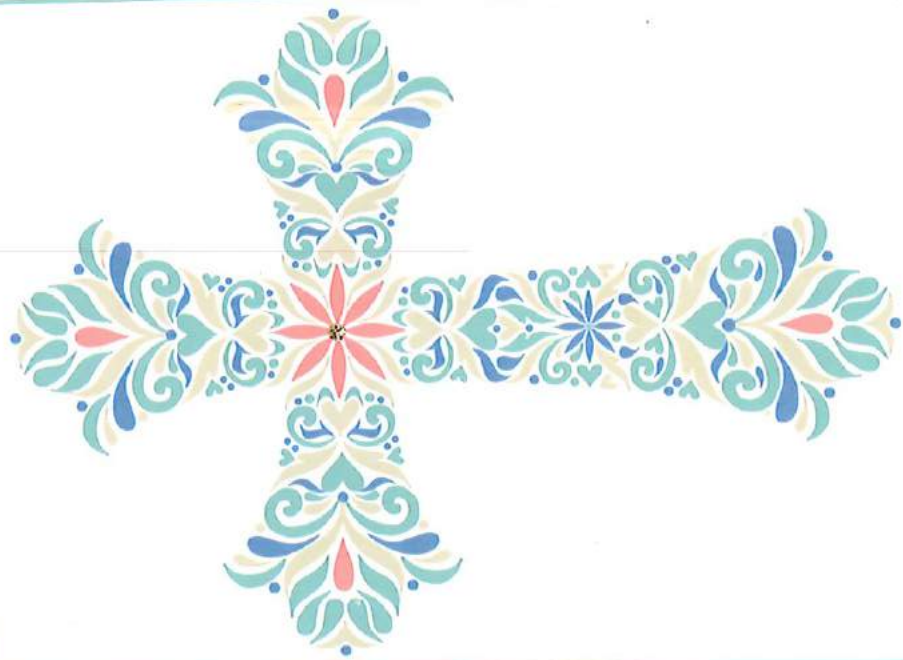
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Sions

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RECEIVED
MAR 03 2022
WA State Board of Health



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.

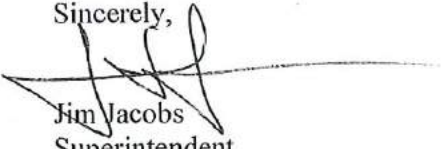
The administrative and health professionals who work for our school district have already provided feedback that a vaccine mandate for k-12 public school students would create an unreasonable and insurmountable administrative burden. As you can see by the survey data included in this letter, over 65% 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.

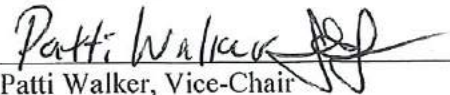
The North Franklin School District Board of Directors, with a large amount of input from the community we represent, would like to communicate that we support vaccinations in general, but stand firmly against a Covid vaccine mandate for k-12 public school students.


Sincerely,



Jim Jacobs
Superintendent

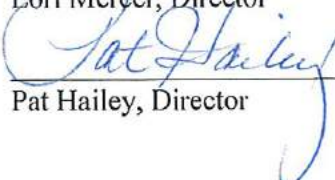
NORTH FRANKLIN SCHOOL DISTRICT
BOARD OF DIRECTORS


Terry Utecht, Board Chair


Patti Walker, Vice-Chair


Jon Fox, Director

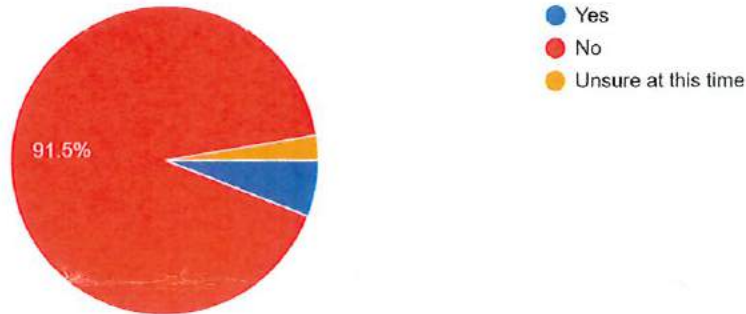

Lori Mercer, Director


Pat Hailey, Director

Survey regarding possible vaccine mandate from state

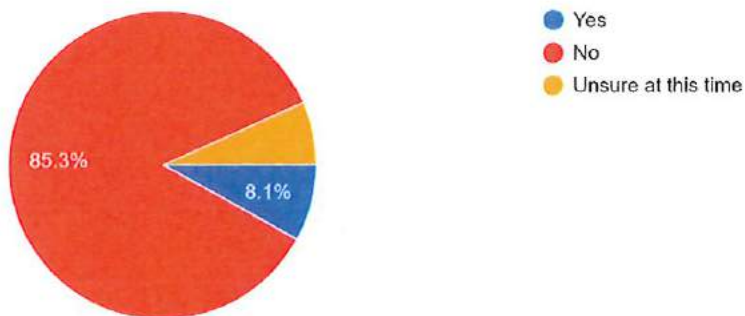
Are you in favor of a Covid Vaccine requirement for children ages 5 and up to attend school?

423 responses



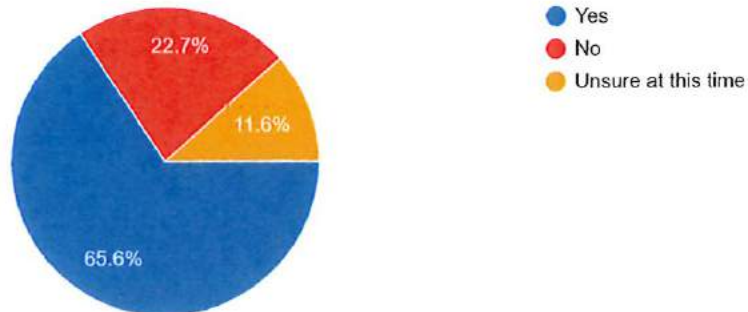
If the Governor mandates that children ages 5 and up must be vaccinated to attend school, will you vaccinate your children?

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

